

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

CORPORATION(S) NAME

900003013539--7  
-10/13/99--01038--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

GL Security, Inc.

<input checked="" type="checkbox"/> (x) Profit	<input type="checkbox"/> ( ) Amendment	<input type="checkbox"/> ( ) Merger
<input type="checkbox"/> ( ) Nonprofit		
<input checked="" type="checkbox"/> (x) Foreign	<input type="checkbox"/> ( ) Dissolution/Withdrawal	<input type="checkbox"/> ( ) Mark
	<input type="checkbox"/> ( ) Reinstatement	
<input type="checkbox"/> ( ) Limited Partnership	<input type="checkbox"/> ( ) Annual Report	<input type="checkbox"/> ( ) Other
<input type="checkbox"/> ( ) LLC	<input type="checkbox"/> ( ) Name Registration	<input type="checkbox"/> ( ) Change of RA
	<input type="checkbox"/> ( ) Fictitious Name	<input type="checkbox"/> ( ) UCC
<input checked="" type="checkbox"/> (x) Certified Copy	<input type="checkbox"/> ( ) Photocopies	<input type="checkbox"/> ( ) CUS
<input type="checkbox"/> ( ) Call When Ready	<input type="checkbox"/> ( ) Call If Problem	<input type="checkbox"/> ( ) After 4:30
<input checked="" type="checkbox"/> (x) Walk In	<input type="checkbox"/> ( ) Will Wait	<input checked="" type="checkbox"/> (x) Pick Up
<input type="checkbox"/> ( ) Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/13/99

(4)

RECEIVED  
99 OCT 13 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BN  
10/13/99

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 13 PM 3:29

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. GL Security, Inc.

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of natural person or partnership if not so contained in the name at present.)

2. New York

(State or country under the law of which it is incorporated)

3. 14-1807639

(FEI number, if applicable)

4. August 5, 1998

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, and 817.155, F.S.))

7. 257 Osborne Road, Albany, NY 12211

(Current mailing address)

Security Guard and Patrol

8. \_\_\_\_\_

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)Name: C T CORPORATION SYSTEMOffice Address: 1200 South Pine Island RoadPlantation, Florida, 33324

(Zip code)

10. Registered agent acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Connie Bryan  
(Registered agent's signature)

**CONNIE BRYAN****SPECIAL ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(FL019 - 4/23/98)

CT System

OCT- 6-99 WED 2:36 PM

212 315 2789

P. 2

## 12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

## A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Dominick PaoneAddress: 257 Osborne Road, Albany, NY 12211

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Dominick PaoneAddress: 257 Osborne Road, Albany, NY 12211

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Dominick Paone, President.

(Typed or printed name and capacity of person signing application)

(FL019)

**State of New York } ss:  
Department of State**

*I hereby certify, that the certificate of incorporation of GL SECURITY, INC. was filed on 08/05/1998, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 08th day of October  
one thousand nine hundred and  
ninety-nine.*

*Special Deputy Secretary of State*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT 13 PM 3:29