

FOI 000005917

d.

TO: Registration Section  
Division of Corporations

SUBJECT: SECURCORP, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Thomas M. Pokusa  
(Name of Person)  
SECURCORP, Inc.  
(Firm/Company)  
1529 Old Bridge Rd, Suite 2  
(Address)  
Woodbridge, VA 22192  
(City/State and Zip code)

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-11/13/01--01067--001  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

For further information concerning this matter, please call:

Chad Lienau at ( 703 ) 499-9359  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

mt  
11/15

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

2. VIRGINIA 3. 54-1681900
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 4, 1993 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1529 Old Bridge Rd, Suite 2, Woodbridge, VA 22192
(Principal office address)

1529 Old Bridge Rd, Suite 2, Woodbridge, VA 22192
(Current mailing address)

8. Private Security
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: George Doc Morales

Office Address: 12960 SW 185th Terrace

Miami, Florida 33177
(City) (Zip code)

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10. Registered agent's 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 obligations of my position as registered agent.

[Handwritten signature]
(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Thomas M. Pokusa

Address: 1529 Old Bridge Rd, Suite 2, Woodbridge, VA 22192

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

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

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

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

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

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

B. OFFICERS

President: Thomas M. Pokusa

Address: 1529 Old Bridge Rd, Suite 2, Woodbridge, VA 22192

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

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

Secretary: Terri Jo Pokusa

Address: 1529 Old Bridge Rd, Suite 2, Woodbridge, VA 22192

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

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

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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. Thomas M. Pokusa President

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

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

SECURCORP, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 04, 1993.

Nothing more is hereby certified.

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TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:  
October 25, 2001*



*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission