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LAZARUS

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SECURE OUTSOURCING SERVICES CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
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J. SIMMONS FEB 22 2011

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**ARTICLES OF INCORPORATION**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I - NAME**

The name of the corporation shall be:

Secure Outsourcing Services Corp

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

4661 SW 155 Place  
Miami Florida 33185

**ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

MARIA Lucila Vaughan  
4661 SW 155 Place  
Miami Florida 33185

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB 21 AM 10:00

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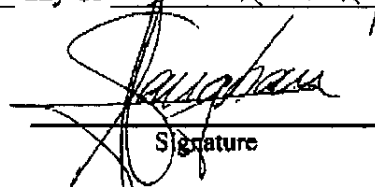
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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

MARIA LUCILA VAUGHAN  
4661 SW 155 PLACE  
MIAMI FLORIDA 33185

The undersigned incorporator has executed these Articles of Incorporation this

18 day of FEBRUARY 2011.  
Signature**ARTICLE VI- DIRECTOR (S)**

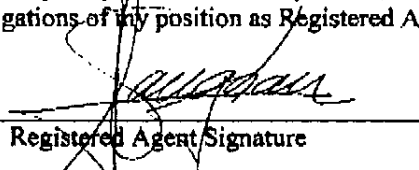
The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MARIA LUCILA VAUGHAN (P)  
4661 SW 155 PLACE  
MIAMI FL 331852011 FEB 21 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature

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