Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : INCORPORATETIME.COM. INC.

Account Number : 119990000221 Phone : (631)224-9004

Fax Number : (631) 218-9522

FLORIDA NON-PROFIT CORPORATION

Customs Border Protection FOP Lodge 132 Inc.

Certificate of Status	0
Certified Copy	Ð
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6/23/2003

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA NOT FOR PROFIT CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I _-NAME

THE NAME OF THE CORPORATION SHALL BE:

Customs Border Protection FOP Lodge 132 Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

9076 Binnicle Way Orlando, FL 32827

ARTICLE III -PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are): Non-Profit Organization as recognized in section 501(c)(3) of the IRS Non-Profit Code Status for a non-profit organization which is Fraternal Order of Police Lodge

ARTICLE IV -MANNER OF ELECTION OF DIRECTORS:

The manner in which the directors are elected or appointed is:

AS STATED IN THE BYLAWS OF THE CORPORATION.

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

William P. Rivera 8368 Fort Thomas Way Orlando, FL 32822

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ARTICLE VI-INCORPORATOR:

The name and address of the incorporator to these Articles of incorporation are:

William P. Rivera 8368 Fort Thomas Way, Orlando, FL 32822

William P. Rivera, Incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William P. Rivera, Registered Agent

Date

SECRETARY OF STATE

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