Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

# PO 00000035/-

SUBJECT:	PSI		AND FIREARMS orate name - must include sur		[NC.
				700003090 -01/06/00 *****78.75	-010550
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
☐ \$70 Filing		\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL CO	PY REQUIRED	
FROM: EDWARD J. Wilson JR.  Name (Printed or typed)					
31177 U.S. HWY. 19 N. APT. 1105					
		alm HARBOR City,	State & Zip	SECRETARY O TALLAHASSEE	FILED
	(8)	31870 - 6709	OR (727) 772.	9509	~~

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number



### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

SECURITY AND FIREARMS TRAINING, INC.

#### PRINCIPAL OFFICE

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

W. Hillsborough AUE. SuitE O

TAMPA, F1, 33614

# ARTICLE III SHARES

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

SHARES 100,000

# INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: EDWARD J. Wilson JR.

31177 U.S. HWY, 19. N.

HARBOR, Fl. 34684

## INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

EDWARD J. Wilson Jr.

31177 U.S. HWY. 19, N. # 1105

DAIM HARBOR, Fl. 34684

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at 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

Signature/Registered Agent