P0000000000875

(Proposed corporate name - must include suffix)

Safety Solutions Group, Inc.

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

SUBJECT:

		e • e — Carone	7000030 -01/13/0 ******)001080002
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for :	i
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	,
FROM:	Timothy D. Nowe & Mark	. W. Grantier rinted or typed)		
	160 S. Semoran Blvd. Address Address			
	Orlando, FL 32807	State & Zip		PR P
	(407)	249 - 5707 elephone number	Nat. Dia	E GAVE
		•	<i>y</i> •	BY PHONE TO
				none
			J,	23
Ŋ	NOTE: Please provide the or	riginal and one copy of	the articles.	

Of Do

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

The name of the corporation shall be:

Safety Solutions Group, Inc.

ARTICLE II PRINCIPAL OFFICE

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

160 S. Semoran Blvd. Orlando, FL 32807 <u>TCLE III SHARES</u>

<u>ARTICLE III</u>

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Michael L. Moore 160 S. Semoran Blvd.

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

Timothy D. Nowe & Mark W. Grantier 160 S.Semoran Blvd. Orlando, FL 32807

Signature/Incorporator

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

llaving 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 agen

Signature/Registered Agent