

#### TRANSMITTAL LETTER

00 MAR 27 PM 1: 32

SEUNETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	INCENTIVE	PROTECTIVE	SERVICES	<u>INC</u> TRA	INING F	ACILITY,	Duc,
Proposed Co	rporate Name					·	
					·		

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00. Please return one copy of the Articles stamped with the filing date.

FROM:

-03/06/00--01132--006 -03/06/00--01132--006 \*\*\*\*\*\*70.00 \*\*\*\*\*70.00

LENSWORTH B. BARNES

Name (print or type)

901 PROGRESSO DRIVE SUITE# L-14

Address

FORT LAUDERDALE, FLORIDA 33304

City, State, Zip

(954) 523-2325

Area Code and Phone Number (Daytime)

7H 3/28/00214 3/13/100



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 13, 2000

LENSWORTH B. BARNES 901 PROGRESSO DR, SUITE #L-14 FT LAUDERDALE, FL 33304

SUBJECT: INCENTIVE PROTECTIVE SERVICES, INC. TRAINING FACILITY Ref. Number: W00000006629

We have received your document for INCENTIVE PROTECTIVE SERVICES, INC. TRAINING FACILITY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6915.

Pamela Hall Document Specialist

Letter Number: 700A00013739

#### **INCENTIVE PROTECTIVE SERVICES, INC.**

901 Progresso Drive Suite# L-14 Fort Lauderdale, Florida 33304

Phone 954-523-2325 Fax 954-764-1022 Email IPS97@AOL.COM

March 15, 2000

FLORIDA DEPARTMENT OF STATE Division of Corporations ATTN: Pamela Hall PO Box 6327 Tallahassee, Florida 32314 850-487-6915

Dear Ms. Hall,

I am writing this letter to request that we receive the original filing date for the Corporation papers. The Articles of Incorporation and the Certificate of Designation for the Registered Agent/Registered Office have been corrected to reflect the changes. Enclosed is a copy of the rejection letter that was sent to us.

Sincerely,

LENSWORTH B. BARNES INCORPORATOR

Referance Number: Letter Number: W00000006629 700A00013739

### Articles of Incorporation of Incentive Protective Services Training Facility, Inc.

FILED

DO MAR 27 PM 1: 32

38

The undersigned person(s), acting as incorporator(s) for the purpose of forming a business ETARY OF STATE corporation under the laws of the State of Florida, adopts the following Articles of Incorporation E. FLORIDA

Article 1. The name of the corporation is:

Incentive Protective Services Training Facility, Inc. 901 Progresso Drive Suite# U-9 Fort Lauderdale, Florida 33304

- Article 2. The purpose for which this corporation is organized is to transact any and all lawful business for which corporations may be organized under the laws of the State of Florida, and to have all powers which are afforded corporations under the laws of the State of Florida.
- Article 3. The duration of this corporation shall be perpetual.
- Article 4. The total amount of initial capitalization of this corporation is \$500.00.
- Article 5. The total number of shares of common capital stock that this corporation is authorized to issue is 500.
- Article 6. This stock shall have no par value.
- **Article 7.** The initial registered agent of this corporation is Lensworth B. Barnes. By his signature at the end of this document, this person acknowledges acceptance of the responsibilities as registered agent of this corporation.
- **Article 8.** The initial address of the office of the registered agent of this corporation is 901 Progresso Drive Suite#L-14, Fort Lauderdale, in the County of Broward, State of Florida.
- Article 9. The name(s), addresses and ages of the incorporator(s) of this corporation is/are:

NAME ADDRESS AGE

Lensworth B. Barnes 901 Progresso Drive Suite# L-14, Ft. Lauderdale, FL 33304

Article 10. The number of directors of this corporation is one (1).

Article 11. The name(s) and addresses of the initial director(s) of this corporation are as follows:

NAME ADDRESS

Lensworth B. Barnes 901 Progresso Drive Suite#L-14, Fort Lauderdale, FL 33304

Article 12. This corporation shall have preemptive rights for all shareholders.

## Articles of Incorporation of Incentive Protective Services Training Facility, Inc.

Article 13. The following are preferences and limitations on the common stock of this corporation: none.

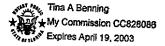
Article 14. This corporation adopts the following additional articles: none.

I certify that all of the facts stated in these Articles of Incorporation are true and correct and are made for the purpose of forming a business corporation under the laws of the State of Florida.

	Dated March 15, 2000
0	Signature of Incorporator
	I acknowledge my appointment as registered agent of this corporation and accept the appointment.
	Dated March 15, 2000
1	Signature of Registered Agent
	State of Florida ) S.S.
	County of Broward )
	Before me, on <u>Uarch 15</u> , 20 personally appeared Lensworth B. Barnes, who is known to me to be the person who subscribed his name to this document, and acknowledged that he did so for the purposes stated.

Notary Public, in and for the County of Broward, State of Florida. My commission

expires April 19, 2003



# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, the undersigned Corporation organized under the laws of the State of Florida submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: INCENTIVE PROTECTIVE SERVICES TRAINING FACILITY, INC.
- 2. The name and address of the registered agent and office is:

LENSWORTH B. BARNES 901 PROGRESSO DRIVE SŪITE# L-14 FORT LAUDERDALE, FLORIDA 33304

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 statues 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 OF REGISTERED AGENT

DATE

FILED

00 MAR 27 PM 1: 32

SLUKETAKY OF STATE
TALL ALLASSES