## 0000032215

Department of State Division of Corporations P. O. Box 6327

Tallahassee, FL 323	-	•					
SUBJECT: _	France Corner	SECURITY, INC	x)	· · · · · · · · · · · · · · · · · · ·			
		81	00003188 -03/29/000 *****87.50	·			
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:							
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM	PERCY AMOEL Name (Pr	PALMA inted or typed)	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** (10 m) (10			
5302 8W 153 PL South. Address							
	mipmi - Fla	State & Zip	SECRETAF	DO MAR 29 AM			
	(305) 408-9500 Daytime To	02 (305) 837-	6773 SEC	30			

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

## 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.

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The name of the corporation shall be:

STATE WATCH SECURITY, INC.



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

5302 SW 153 PL SOUTH MIAMI - FIA - 33185-4112

ARTICLE III SHARES

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

100 SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PERCY A. PALMA. 5302 SW 153PL SOUTH MIAMI- FID 33185-4112

ARTICLE V INCORPORATOR

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

PERCY A- PALMA. 5302 SW 153 PL SOUTH. MIAMI- FLA. 33185-4112

Signature/Incorporator

3-27-00

Date

(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

-27-00

Date