PCCCCC64463

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

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Tallahassec, FL 3231	4		******78.75 ******78
SUBJECT: A	Mor SAFETY (Proposed gorpor	ate name - must include suff	CHEPTS, IN
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a ci	
☐ \$70.00 Filing Fec	\$\frac{1}{2}\$78.75 Filing Fee & Certificate of Status	☐\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	98/ RIVER-1	inted or typed) A A A Address State & Zip	AN ITA PLACE 335-69

S. Thompson JUL U J 2004

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.

ARTICLE I NAME
The name of the corporation shall be:
AMON SAFETY > SECURITY CONCEPTS, THE.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 78/4 A MARINE THE STORY
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1000 SHANES
4.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
ARTICLE V INCORPORATOR 33511
The name and address of the incorporator to these Articles of Incorporation are:
PHAM COHMAN PLACE 9814 LA MITA PLACE 124VENVIEW, FL. 33589
Hard Ofran 6-26-00
Signature/Incorporator 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

Date