

P00000088393

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

100003396551--7  
-09/18/00--01106--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ALPHA - OMEGA RISK CONTROL SERVICES, INC.  
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**EFFECTIVE DATE**  
10-1-00

I ENCLOSE AN ORIGINAL AND 1 COPY OF THE ARTICLES OF  
INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE  
AMOUNT OF \$78.75 IN ORDER TO FORM THE ABOVE REFERENCED  
CORPORATION AS OF OCTOBER 1, 2000

FROM:

JOHN DELVECCHIO  
3643 SHADY BROOK LANE  
SARASOTA, FLORIDA 34243

(941) 359-8475

FILED  
00 SEP 18 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-19  
mc

ARTICLES OF INCORPORATION

OF

ALPHA - OMEGA RISK CONTROL SERVICES, INC.

FILED  
00 SEP 18 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE  
10-1-00

THE NAME OF THE CORPORATION SHALL BE:

ALPHA - OMEGA RISK CONTROL SERVICES, INC.

ARTICLE II - PRINCIPLE OFFICE

THE PRINCIPLE PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3643 SHADY BROOK LANE  
SARASOTA, FLORIDA 34243

ARTICLE III - CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 SHARES

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS  
-----

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOHN DELVECCHIO  
3643 SHADY BROOK LANE  
SARASOTA, FLORIDA 34243

ARTICLE V - INCORPORATOR  
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THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE  
ARTICLES OF INCORPORATION IS:

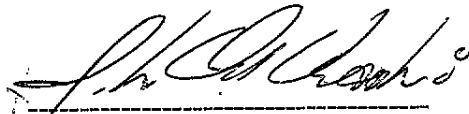
JOHN DELVECCHIO  
3643 SHADY BROOK LANE  
SARASOTA, FLORIDA 34243

ARTICLE VII- EFFECTIVE DATE  
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PURSUANT TO SECTION 607.0123 OF THE FLORIDA STATUTES, THE  
EFFECTIVE DATE OF THIS DOCUMENT SHALL BE:

OCTOBER 1, 2000

THE UNDERSIGNED HAS EXECUTED THE ARTICLES OF CORPORATION THIS  
14TH DAY OF SEPTEMBER 2000

A handwritten signature in cursive script, appearing to read "John DelVecchio", is written over a horizontal line.

JOHN DELVECCHIO  
INCORPORATOR

## CERTIFICATE OF DESIGNATION

### REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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:

ALPHA - OMEGA RISK CONTROL SERVICES, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JOHN DELVECCHIO  
3643 SHADY BROOK LANE  
SARASOTA, FLORIDA 34243

SIGNATURE: \_\_\_\_\_

*John DelVecchio*

TITLE: \_\_\_\_\_

PRESIDENT

DATE: \_\_\_\_\_

9/15/00

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00 SEP 18 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND NOT 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: \_\_\_\_\_

*John DelVecchio*

DATE: \_\_\_\_\_

9/15/00