POODOOD 942 48

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

SUBJECT: EXECUTIVE CUMP THAT FOR THE SUFFIX)

100003414071--4 -10/04/00--01077--003 *****87.50 ******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

5 **2** \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Marvin D. J. Cizle
Name (Printed or typed)

3520 NOVHLX165T 50th AVE

Lauderdale 1ks. Fl. 33319
City, State & Zip

954-485-8697
Daytime Telephone number

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

5 2000

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: EXECUTIVE CRIME INTERVENTION INC.



ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3520 N-W 50 th AVE #P. 107 Lauderdale LKS. Fl. 33319 MAILING ADD. -> P.D. BOX 180501
FORT LAUDERDALE, F1. 33310-6501

ARTICLE III SHARES

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

500- Share ___ 1.00 VALUE ___

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARVIN D. Brozle 3520 IL-W. 50th Ave #P.167 LAuderdale Lks. Fl. 33319

INCORPORATOR

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

MARLIN D. Brozle 3520 N-W. Soth Ave # 9.107 Lauderdal E LKS. Fl. 33319



(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 accent the obligations of my position as registered agent

	9-28-00
Signatule: Regimered Agent	Date