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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CRIME CONTROL SECURITY SO IUTIOUS, THE.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 93/4 |
| Estimated Charge | \$78.75 |

8. McKnigh DEC 2 0 2000

ARTICLES OF INCORPORATION OF

CRIME CONTROL SECURITY SOLUTIONS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: CRIME CONTROL SECURITY SOLUTIONS INC.

The principal place of business of this corporation shall be: 217 GOOLSBY BLVD. DEERFIELD BEACH FL. 33442

ARTICLE IL NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 100 SHARES 0.10 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

CARLOS S. RAMOS 217 GOOLSBY BLVD. DEERFIELD BEACH FL. 33442 DIVISION OF CHANDAHOKS

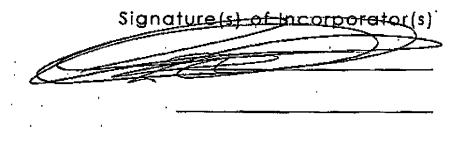
00 DEC 19 AN IN: L.I.

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

CARLOS S. RAMOS 217 GOOLSBY BLVD. DEERFIELD BEACH, FL. 33442

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 19 day of DECEMBER 2000



CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: | |
|--|---------------|
| CRIME CONTROL SECURITY SOLUTIONS INC. | |
| 2. The name and address of the registered agent and office is: | DIVIS 00 D |
| CARLOS S. RAMOS 217 GOOLSBY BLVD. | <u>E</u> |
| (P.O. BOX NOT ACCEPTABLE) | <u> </u> |
| DEERPIELD BEACH FL. 33442 | |
| (CITY/STATE/ZIP) | STATE |
| SIGNATURE | |
| TITLE President, CEO | |
| DATE /2//9/00 | |

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE -

DATE