Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)791-3109 DIVISION OF CORPORATIONS

FLORIDA PROFIT CORPORATION OR P.A.

THEFT PREVENTION CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF INCORPORATION

OF

THEFT PREVENTION CENTER, INC.

The undersigned, acting as incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE I - NAME

The name of the corporation shall be: Thest Prevention Center, Inc.

ARTICLE II - PRINCIPAL PLACE AND MAILING ADDRESS

The principal place of business and mailing address shall be 4905 Belfort Rd., Jacksonville, Florida 32210.

ARTICLE III - SHARES

All stock issued by the Corporation shall be common voting stock of a single class. The maximum number of shares of stock which this corporation is authorized to have outstanding at any time is one hundred thousand (100,000) shares having a par value of one cent (\$.01) per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent of the corporation shall be: Henry Wells, 4905 Belfort Rd., Jacksonville, Florida 32210.

ARTICLE V - BOARD OF DIRECTORS

The business of the corporation shall be managed by its Board of Directors. The initial Board of Directors shall consist of one member whose name and address is as follows:

NAME

ADDRESS

Henry Wells

4905 Belfort Rd. Jacksonville, FL 32210

Prepared by: Carolyn Herman, Esq., 830 S. Third Street, Jacksonville Beach, FL 32250, Florida Bar No. 976563, tel. No. 904/247/9420

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ARTICLE VI - INCORPORATOR

The name and street address of the incorporators for these Articles of Incorporation are:

Hemy Wells

4905 Belfort Rd. Jacksonville, FL 32210

The undersigned incorporator has executed these Articles of Incorporation this day of

Signature

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/agent, in the State of Florida.

- 1. The name of the corporation is: Theft Prevention Center, Inc. .
- 2. The name and address of the registered agent and office are: Henry Wells, 4905 Belfort Rd., Jacksonville, FL 32210.

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:

Print:

Henry Wells

Date: