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Charter Number Only

VALIDATION ONLY

Requestor's Name  
Address  
City State ZIP Phone

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-02/05/01--01039--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

DET. O.M. Davenport Investigative Agency, Inc.

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 |  |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report   | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up         |

RECEIVED  
01 FEB -5 AM 9:19  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
01 FEB -5 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028

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*[Signature]*

Cert Copy

# ARTICLES OF INCORPORATION

of

DET. O.M. DAVENPORT INVESTIGATIVE AGENCY INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

DET. O.M. DAVENPORT INVESTIGATIVE AGENCY INC

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Ten Thousand shares (10,000 of One Cent Dollar(s) (\$ 0.01) par value Common Stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	OZZIE M. DAVENPORT		
ADDRESS	2323 N.W. 12th Court		
CITY	Fort Lauderdale,	FLORIDA	ZIP 33311

The principal office, if known, or the mailing address of the corporation is:

NAME	DET.O.M. DAVENPORT INVESTIGATIVE AGENCY INC		
ADDRESS	2323N.W. 12th Court		
CITY	Fort Lauderdale	FLORIDA	ZIP 33311

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	OZZIE M. DAVENPORT		
ADDRESS	2323 N.W. 12th Court		
CITY	Fort Lauderdale,	STATE Florida	ZIP 33311
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	OZZIE M. DAVENPORT		
ADDRESS	2323 N.W. 12th Court		
CITY	Fort Lauderdale	STATE Florida	ZIP 33311
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 2ND day of FEBRUARY 01.

STATE OF Florida  
County of Broward

SWORN TO AND SUBSCRIBED  
BEFORE ME ON THIS 2ND DAY  
OF FEBRUARY, 2001

*[Signature]*  
Notary Public  
CC851789  
Bonded thru  
Troy Fain Insurance  
CO. OF FLORIDA

*[Signature]* (Seal)  
\_\_\_\_ (Seal)  
\_\_\_\_ (Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

*CERTIFICATE OF REGISTERED AGENT  
OF*

DET. O.M. DAVENPORT INVESTIGATIVE AGENCY INC  
*(name of corporation)*

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 2323 N.W. 12th Court

Fort Lauderdale, FL 33311

has named OZZIE M. DAVENPORT

located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

*ACKNOWLEDGEMENT*

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

  
*(registered agent)*

**FILED**  
01 FEB -5 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA