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Florida Department of State  
Division of Corporations  
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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT CORPORATION OR P.A.

## INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

B. McKnight MAR 19 2001

Articles of Incorporation of:

**INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING  
AND DEVELOPMENT, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

Article I Name

The name of the corporation shall be:

**INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING AND  
DEVELOPMENT, INC.**

The principal place of business of the corporation shall be:

**1000 ABADAN DRIVE  
DELTONA, FLORIDA 32725**

Article II 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

This corporation is authorized to issue 1,000 shares of common stock of a par value of 1 dollar a share.

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Article V Officers, Directors

The names and street addresses of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successors are elected are:

ARKADIS KARB  
1000 ABADAN DRIVE  
DELTONA, FL 32725

Article VI Incorporator

The name and street address of the incorporator to this articles of incorporation is:

ARKADIS KARB  
1000 ABADAN DRIVE  
DELTONA, FL 32725

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 16<sup>th</sup> day of March, 2001

Signature of Incorporator

A handwritten signature in dark ink, appearing to read 'Arkadis KARB', is written over a horizontal line.

ARKADIS KARB

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:

**INTERNATIONAL INSTITUTE OF LAW ENFORCEMENT TRAINING AND  
DEVELOPMENT, INC.**

2. The name and address of the registered agent and office is:

**JENNIFER L. SCHECHTMAN, CPA  
9050 PINES BLVD., SUITE 205  
PEMBROKE PINES, FLORIDA 33024**

Signature \_\_\_\_\_

Date \_\_\_\_\_

3/16/01

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 \_\_\_\_\_

3/16/01

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