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LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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OFFICE USE ONLY

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s), the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

INTERPOL PROTECTIVE AGENCY, INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

16352 S.W. 66 St.

PEMBROKE PINE, FLORIDA 33331

ARTICLE III -SHARES

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

200 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSE M. GONZALEZ 16352 S.W. 66 St.

PEMBROKE PINE, FLORIDA 33331

<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of Incorporation is: JOSE M. GONZALEZ

16352 S.W. 66 St.

PEMBROKE PINE, FLORIDA 33331

The undersigned incorporator has executed these Articles of Incorporation this 26th day of ______ 20_01_

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

P/D JOSE M. GONZALEZ 16352 S.W. 66 St. PEMBROKE PINE, FLORIDA 33331 VP/D MARC E. JEUDY 1005 N.E. 125 St. NORTH MIAMI, FLORIDA 33161
T/D JOSE M. GONZALEZ 16352 S.W. 66 St. PEMBROKE PINE, FLORIDA 33331
ADVISOR MIKE GONZALEZ 23550 S.W. 153 Ct. HOMESTEAD, FLORIDA 33032

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature