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Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Subject

Security Systems Consulting Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

 \$122.50 Filing Fee & Certified Copy \$131.25
Filing Fee,
Certified Copy

& Certificate

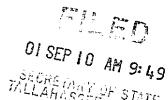
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(ADDT'L COPY REQ'D)

FROM:	Nellie Akalp
	30141 Agoura Road, Suite 205
	Agoura Hills, California 91301

NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF Security Systems Consulting Inc.



The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation ORIDS Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME

The name of the Corporation shall be: Security Systems Consulting Inc.

ARTICLE II PRINCIPAL OFFICE

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

P O Box 89576 Tampa, Florida 33689-0409

ARTICLE III SHARES

The number of shares that this corporation is authorized to have outstanding at any one time is: 100 at \$1.00 par value per share.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

Ronald M. Simpson 6009 Florida Circle South Apollo Beach, Florida 33572

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Nellie Akalp 30141 Agoura Road, Suite 205 Agoura Hills, California 91301

Nellie Akalp, Incorporator

3/4/01

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.

Ronald M. Simpson, Registered Agent

7/0/ Da

Date

Date