

TRANSMITTAL LETTER

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FILED
01 NOV -7 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: MULLIS SECURITY SERVICES INC.
(Proposed corporate name - must include suffix)

900004671589--3
-11/08/01--01002--003
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: _____
Name (Printed or typed)

2 TO (Company)	
BETTER BUSINESS SERVICES INC.	
Street Address	
1515 E MEMORIAL BLVD	
City	State
LAKELAND,	FL
ZIP CODE (Required)	
33801	
Attention: (Name/Dept)	Phone (Important)
TOM DALEY	863-682-0141

Daytime Telephone number

(863) 682-0141

NOTE: Please provide the original and one copy of the articles.

NOV - 8 2001

ARTICLES OF INCORPORATION

THE STATE OF FLORIDA
COUNTY OF Polk

)
) KNOW ALL MEN BY THESE PRESENTS

That the undersigned, natural person(s) of the age of at least eighteen (18) years, acting as Incorporator(s) of a Corporation under the Florida Business Corporation Act, do hereby adopt the following Articles of Incorporation for such Corporation, to wit

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ARTICLE I

The name of this corporation is Mullis Security Services Inc.

ARTICLE II

The period of duration of this corporation shall be perpetual.

ARTICLE III

The purposes for which this Corporation is organized include all legal purposes for which a Corporation may be organized in Florida.

ARTICLE IV

The aggregate number of shares which the corporation shall have the authority to issue is 10,000 shares. The shares shall have a par value of \$ 1.00.

ARTICLE V

The Corporation will not commence business until it has received for the issuance of its shares consideration of the value of \$ 1,000.00.

ARTICLE VI

The street address of the registered office, and principal office of the Corporation is 931 East Parker Street, Lakeland Fl 33801 and the name of the registered agent at said address is Kimberley A Mullis.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Kimberley Mullis Registered Agent

ARTICLE VII

The number of directors constituting the initial Board of Directors of this corporation is Four and the name and address of the person(s) who is to serve as director(s) until the first annual meeting of the shareholders, or until their successors are elected and qualified, is as follows :

NAME	ADDRESS
Kimberley A Mullis	4810 Sr 574 W Plant City, Fl 33567
Robert L Glenn	4810 Sr 574 W Plant City, Fl 33567

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The name and address of the incorporator(s) is as follows :

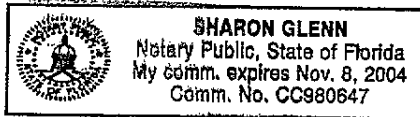
NAME	ADDRESS
Kimberley A Mullis	4810 Sr 574 W Plant City, Fl 33567
Robert L Glenn Sr	6517 Glen Meadow Drive Lakeland, Fl 33810

WITNESS OUR HANDS this the October 23, 2001

Kimberley Mullis
 Kimberley A Mullis
 Incorporator

*Personally Known
 Sharon Glenn 11/3/2001*

Robert L Glenn Sr
 Robert L Glenn Sr
 Incorporator



THE STATE OF)
 COUNTY OF)

Before me, the undersigned authority, on this day personally appeared Kimberley A Mullis, Robert L Glenn Sr known to me to be the person(s) whose name(s) are subscribed to the foregoing instrument and, being by me first duly sworn severally declares that they are the person(s) who signed the foregoing document as incorporator(s) and that the statements contained therein are true.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this

*Personally known
 Robert L. Glenn, Sr.*

Glenda C. Roberts
 Notary Public



Glenda C. Roberts
 MY COMMISSION # CC894113 EXPIRES
 December 15, 2003
 BONDED THRU TROY FARM INSURANCE, INC.