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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CODE ONE PROTECTIVE SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	023
Estimated Charge	\$78.75

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02 JUN 26 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be: Code One Protective Services, Inc

The principal place of business of this corporation shall be: 152 NE 167 Street #301
North Miami Beach, Fl 33162

ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities of 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

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time. 12,000 Shares, par value of .001 per share

ARTICLE IV - TERMS OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V - OFFICERS & DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

Soni Baptiste
152 NE 167 Street #301
North Miami Beach, Fl 33162

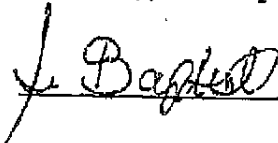
ARTICLE VI - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

Soni Baptiste
152 NE 167 Street #301
North Miami Beach, Fl 33162

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 25th day of June, 2002

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

Pursuant of 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, in the State of Florida.

1. The name of the corporation: Code One Protective Services, Inc
2. The name and address of the registered agent and office is:

(P.O. Box Not Acceptable) Soni Baptiste
152 NE 167 Street #301
North Miami Beach, Fl. 33162

Signature: *S. Baptiste*

Title: Incorporator

Date: June 25, 2002

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 process and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

Signature: *S. Baptiste*

Date: June 25, 2002

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