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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
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SECNE JARY OF STATE
OF STATE

15/8/03

TRANSMITTAL LETTER

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

5,28

SUBJECT: Tom	orrow D-tection, Inc.			
	(PRÓPOSED CORPÓR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fec & Certificate of Status	\$78.75 Filing Fec & Certified Copy ADDITIONAL CO	\$87.50 Filing Fec, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Gail L. Morrow	e (Printed or typed)		الموادة والرادي المها
	650 Belted Kingfisher Dr. N. Address			
	Palm Harbor, FL 34683 City, State & Zip			
	727-786-3862	Telephone number	·	1 4 a

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Tomorrow D-tection, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

650 Belted Kingfisher Dr. N. Palm Harbor, FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sales and distribution of products and services to Federal, State and Local Governments. Products and services may also be sold to individuals and companies.

ARTICLE IV SHARES

The number of shares of stock is:

120 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Gail L. Morrow, Chief Executive Officer

650 Belted Kingfisher Dr. N.

Palm Harbor, FL 34683

Thomas L. Morrow, President

650 Belted Kingfisher Dr. N.

Palm Harbor, FL 34883

ARTICLE VI REGISTERED AGENT

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

Gail L. Morrow

850 Belted Kingfisher Dr. N.

Palm Harbor, FL 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gail L. Morrow

650 Belted Kingfisher Dr. N.

Palm Harbor, FL 34683

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SECRETARY OF STATE
TALLAHASSEE, FLORIFA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Lail & Manual

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Signature/Incorporator

Date