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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(,,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			





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TRANSMITTAL LETTER

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

SUBJECT: The JBS Security Group Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
∏\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: James F. Shinn					
Name (Printed or typed)					
2060 N.E. 12 th Pl.					
Address					
Ocala, Florida 34470 City, State & Zip					
352-207-2331 Daytime Telephone number					

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

ARTICLES OF INCORPORATION

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

**TILED
STATE TARY OF STATE
OFFICIAL OF CORPORATIONS

ARTICLE I NAME

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The name of the corporation shall be: The JBS Security Group Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 2060 N.E. 12th PL. Ocala, Florida 34470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 'Any and all lawful business'

ARTICLE IV SHARES

The number of shares of stock is: 2500

ARTICLE V INITIAL OFFICERS/DIRECTORS(optional)

The name(s), address(es) and title(s): James F. Shinn 2060 N.E. 12th PL Ocala, FL 34470 President./CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Charles B. Ufkes 9007 SE 70th terrace Ocala, FL 34472

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: James F. Shinn 2060 N.E. 12th PL Ocala, Fl 34470

*************	*********
Having been named as registered agent to accept service of process of the above s am familiar with and accept the appointment as registered agent and agree to ac	tated corporation at the place designated in this certificate, ct in this capacity
Charle & Uff	9-1-03
Signature/Registered Agent	Date
	9-1-2003
Signature/Incorporator	Date

Return Name and Address

James F. Shinn	
2060 N.E. 12 th PL	
Ocala, FL	
34470	

Date 08-15-2003

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Articles of Incorporation

Dear Sir:

Enclosed please find an original and one copy of Articles of Incorporation along with total filing fees of \$70.00.

Please file and provide a filed copy to me, together with any other information you commonly provide to new incorporators at the address above.

Please contact me at the above address if you require anything further. My daytime telephone number is 352-207-2331

With kindest regards, I am

Sincerely yours,

Signature

Enclosures

Check # 3003 Enclosed for \$ 78.75