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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

12/1/03

## TRANSMITTAL LETTER

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

SUBJECT: COBRA SECURITY GUARD, 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  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: FRANCISCO CALDERON  
Name (Printed or typed)

2390 W. OAKRIDGE RD, STE 154  
Address

ORLANDO, FLORIDA 32809  
City, State & Zip

(407) 826 - 4902  
Daytime Telephone number

**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:

COBRA SECURITY GUARD, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2390 W OAKRIDGE RD, STE 154  
ORLANDO, FL 32809

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SECURITY SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

THE NUMBER OF SHARES ARE 10, 000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

FRANCISCO CALDERON, PRESIDENT/DIRECTOR  
2390 W OAKRIDGE RD, STE 154  
ORLANDO, FL 32809

**ARTICLE VI REGISTERED AGENT**

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

RAMON MADURO  
1600 E VINE ST, STE B  
KISSIMMEE, FL 34744

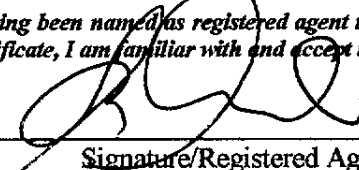
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

FRANCISCO CALDERON  
2390 W OAKRIDGE  
ORLANDO, FL 32809

\*\*\*\*\*

*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

11-21-03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-21-03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA