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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Consist Instructions to	- Fill Offi			
Special Instructions to Filing Officer:				



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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### TRANSMITTAL LETTER

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

SUBJECT:	METROPOLI (PROPOSED CORPORATE	NAME - MUST INCLUDE	E SUFFIX)
Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	a check for :
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
	Milord Name (P	FROM: VITA ( rinted or typed)	
		32ND AVENUE Address 2 ORIDA, 3314 State & Zip	
	(305) 305 Daytime To		

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 20, 2004

MILORD VITAL 5675 NW 32 AVE MIAMI, FL

SUBJECT: METROPOLITAIN, INC.

Ref. Number: W04000002420

SAFETY TEAM, CORPS. INC.

We have received your document for METROPOLITAIN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, of it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy  $\sigma$  this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cal (850) 245-6904.

Freida Chesser Document Specialist New Filings Section

Letter Number: 004A00003382

## ARTICLES OF INCORPORATION . In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: SAFETY TEAM COME. INC. The principal place of business/mailing address is: 5675NW 32ND AVE mami P1,33142 The purpose for which the corporation is organized is: PROVIDE ARMED AND UNAMMED GUARD ARTICLE IV SHARES The number of shares of stock is: O INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Milord VITAL 5675 NW 32ND ENVE MI Ami . Fl 33142 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Vital Miloco 5675 NW 32ND AVE MIONI HORISA 33142 **INCORPORATOR** ARTICLE VII The name and address of the Incorporator is: Milors VITA! 5675 NW 32ND AVE MIOMI PI 33142 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/Incorporator

01/06/04 Date