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

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA PROFIT CORPORATION OR P.A.

Shield Security & Investigations, Inc.

Certificate of Status	1
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Shield Security & Investigations, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Shield Security & Investigations, Inc.

234 Dakota Avenue
St. Cloud, FL 34769

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas V. Sunnycalb
234 Dakota Avenue
St. Cloud, FL 34769

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Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Thomas V. Sunnycalb - President
234 Dakota Avenue
St. Cloud, FL 34769

Willard E. Freet, Jr. - Vice President
131 Harwood Circle
St. Cloud, FL 34744

Sherry L. Sunnycalb-Secretary
234 Dakota Avenue
St. Cloud, FL 34769

Julianne B. Freet- Treasurer
131 Harwood Circle
St. Cloud, FL 34744

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas V. Sunnycalb
234 Dakota Avenue
St. Cloud, FL 34769

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23th day of February 2004.



Thomas V. Sunnycalb - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Shield Security & Investigations, Inc.**

2. The name and address of the registered agent and office is:

Thomas V. Sunnycalb

Name

234 Dakota Avenue


(P.O. Box or Mail Drop Box NOT Acceptable)

St. Cloud, FL 34769

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

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Thomas V. Sunnycalb
SIGNATURE

February 23, 2004
(Date)