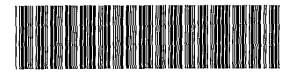
# POYOMAN 3

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  AUTHORIZATION BY PHONE TO  CORRECT COLD CARS  DATE S SO	
(City/State/Zip/Phone #)  (City/State/Zip/Phone #)  (PICK-UP	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  AUTHORIZATION BY PHONE TO CORRECT COLO CORRECT	(Address)
(Business Entity Name)  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  CONS. DEVIS GAVE  AUTHORIZATION BY PHONE TO  CORRECT COOP LANCE	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  CONS. Davis GAVE  AUTHORIZATION BY PHONE TO  CORRECT COO. LANCE	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  COURT DAY IS GAVE  AUTHORIZATION BY PHONE TO  CORRECT COLD LANCE	PICK-UP WAIT MAIL
Special Instructions to Filing Officer:    Cong   Davis GAVE	(Business Entity Name)
Special Instructions to Filing Officer:  Venous Day is GAVE  AUTHORIZATION BY PHONE TO  CORRECT COLP, Vans	(Document Number)
AUTHORIZATION BY PHONE TO CORRECT COLP, Name	Certified Copies Certificates of Status
DOC. EXAM	Authorization by phone to correct Corp. Nane



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or 5/4/04

# TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2004 APR 26 PM 12: 49
DECEL LARY OF STATE TALLAHASSEE FLORIDA

SUBJECT:	DAVIS SECURITY INSTUTITE, INC				
Bobbber.	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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  PY REQUIRED		
FROM:	JEROME I. D.	AVIS e (Printed or typed)			
	POST OFFICE	BOX 84 Address			
-	CAPE CANAVERAL, FL 32920-0084  City, State & Zip				
	(321) 543-	6450 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:

DAVIS SECURITY INSTITUTE, INC

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TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

677 DAVE NISBET DRIVE SUITE 205

MAILING ADDRESS; P.O. BOX 84

CAPE CANAVERAL, FL 32920

CAPE CANAVERAL, FL 32020

### **PURPOSE** ARTICLE III

The purpose for which the corporation is organized is:

PROVIDE PROFFESSIONAL BASIC SECURITY TRAINING TO SECURITY GUARD PERSONNEL

### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

2512 ISLAND CROSSING WAY MERRITT ISLAND, FL 32952 JEROME I. DAVIS

EVADNEY J. DAVIS 2512 ISLANDCROSSING WAY MERRITT ISLAND, FL 32952

JADELINE JORGE P. O. BOX 1472 CAPE CANAVERAL, FL 32920

**PRESIDENT** VICE PRESIDENT VICE PERSIDENT

### ARTICLE VI REGISTERED AGENT

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

STEPHEN MOON, ESQ 677 DAVE NISBET DRIVE SUITE, 206 CAPE CANAVERAL, FL 32920

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEROME I. DAVIS 2512 ISLAND CROSSING WAY MERRITT ISLAND, FL 32952

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

ignature/Registered Agent

Signature/Incorporator

Date

April 22, 2004