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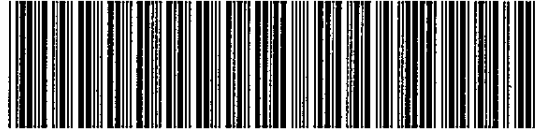
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TRANSMITTAL LETTER

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

SUBJECT: TOMER, SUE DOT SECURITY SYSTEMS & PROTECTIVE SERVICES
(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: SECURITY PROTECTION SERVICES, Inc.
Name (Printed or typed)

1605 N. STATE RD 7
Address

MARGATE FL. 33063
City, State & Zip

954.972.1270
Daytime Telephone number

04 SEP - 3 PM 2:15

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

ARTICLES OF INCORPORATION

SECURITY PROTECTION SERVICE, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SECURITY PROTECTION SERVICE, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares (100%) of \$1.00/SHARE Dollar(s) (\$1.00/SHARE) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>SECURITY PROTECTION SERVICE, INC.</u>		
ADDRESS	<u>1605 N. STATE RD. 7</u>		
CITY	<u>MARGATE, FL</u>	FLORIDA	<u>FL</u>
		ZIP	<u>33063</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>FRANK SAVINO</u>		
ADDRESS	<u>1605 N. STATE RD 7.</u>		
CITY	<u>MARGATE</u>	FLORIDA	<u>FL</u>
		ZIP	<u>33063</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have FOUR (4) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>FRANK SAVINO</u>		
ADDRESS	<u>1605 N. STATE RD. 7</u>		
CITY	<u>MARGATE</u>	STATE	<u>FL</u>
		ZIP	<u>33063</u>
NAME	<u>SANDRA SAVINO</u>		
ADDRESS	<u>1605 N. STATE RD 7</u>		
CITY	<u>MARGATE</u>	STATE	<u>FL</u>
		ZIP	<u>33063</u>
NAME	<u>ADRIENNE SAVINO</u>		
ADDRESS	<u>9406 N.W. 66 ST.</u>		
CITY	<u>TAMPA</u>	STATE	<u>FL</u>
		ZIP	<u>33321</u>

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	STEPHEN SAVINO		
ADDRESS	2802 NATURA BL.		
CITY	DEERFIELD BCH	STATE	FL ZIP 33441
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 31 day of AUGUST, 2004.

[Signature] (Seal)
Adrienne Savino (Seal)
Stephen Savino (Seal)

STATE OF FLORIDA)
COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>[Signature]</u> Signature	<u>Personally Known TO me</u> Form of Identification
<u>Adrienne Savino</u> Signature	<u>Personally Known TO me</u> Form of Identification
<u>Stephen Savino</u> Signature	<u>Personally Known TO me</u> Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL



Miriam Castillo
My Commission DD219790
Expires August 23, 2007

Witness my hand and official seal in the County and State last aforesaid this 31 day of AUGUST, 2004

Miriam Castillo
Notary Signature
MIRIAM CASTILLO
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

SECURITY PROTECTION SERVICE, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation


at 1605 N. STATE RD. 7
MARGATE, FL 33063

has named FRANK SAVINO
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

04 SEP - 9 PM 2:15
FILED
CLERK
CLERK

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)