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LAZARUS CORPORATE FILING SERV	VICE
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CORPORATION NAME(S) & DOCUM	
1. PERSONAL PROTE (Corporation Name)	ECTION SOLUTIONS, INC
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
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<u>NEW FILINGS</u>	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

ARTICLES OF INCORPORATION

050CT 19 PH 3:23 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: Personal Protection Solutions, INC.

ARTICLE II - PRINCIPAL OFFICE

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

3630 SW B5 AUE. MIAMI, FL 33155

ARTICLE III -SHARES

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

1,000@ \$1.00 Per SHARE

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RALPH GONZALEZ 3630 SW 85 AUE MIAMI FL 33155



ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

RALPH GONZALEZ 3630 SW BS AVE MIAMI, FL 33155

The undersigned incorporator has executed these Articles of Incorporation this is day of OCTOBER 2005

Pulpe Somply
Signature

ARTICLE VI DIRECTOR(S)

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

RALPH GONZALEZ PRESIDENT 3630 SW 85 AUC. MIAMI, FL 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature