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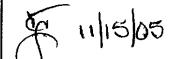




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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 TALLAHASSEE FLORIDA

SUBJECT:	LGT PUBLIC	SAFETY, I	R.
	(PROPOSED CÖRPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	OSCAR G Name P.U. BUY	Printed or typed)	
		Address	
	PEMPLOKE PIN	ES FL 33026 State & Zip /	
		-356-4237	
Daytime Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: LGT PUBLIC SAFETY IM.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
P.O. Box 260747 PEMPLORE PINEL, FC 33026
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
PUDLIC SAFETY CONSULTING
ARTICLE IV SHARES The number of shares of stock is: /OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): OSCAR S. GONZAVED P, V, T, S. DA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
OSCAR S. GONTALED P, V, T, S. BAR 5
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 05000 5. 6002AUEB
10433 SW 80 ST MANN ! FLOMON 33173 ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: OSCAN S. GONTALES
05CAN 5. GONTALES 10433 S.W. SU ST MAMI, FLOMOS 33193

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
11/07/05
1/07/05
Signature/incorporator Date
Difference into political