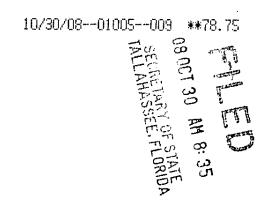
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## **LAZARUS**

## CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

08 OCT 30 AM 8: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RPORATION NAME(S) & DOC	IIMENT NIIMRER(S) (	Office Use Only
SECURITY /	VETWORK (Document #)	_
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Annual Report Fictitious Name	Foreign Limited Partne Reinstatement Trademark Other	
		Evaminer's Initials

#### ARTICLES OF INCORPORATION

08.0CT 30 AM 8: 35

SECRETARY OF STATE
THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF LLAHASSEE, FLORIDA
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:

SECURITY NETWORK SYSTEMS INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

12303 S.W. 385T Mian; FL, 33175

#### **ARTICLE III - SHARES**

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

**ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS** 

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

JONATHAN ZAMUDIO 12303 S.W. 3857 Miami FL, 33175

#### **ARTICLE V - INCORPORATOR**

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

JONATHAN ZAMUDIO GUSTAVO A. GUERRA 12303 S.W. 38 St

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

29 OF INCORPORATION THIS
DAY OF OCTORER, 2004

SIGNATURE

#### **ARTICLE VI - DIRECTOR(S)**

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

JONATHAN ZAMUDIO P. GUSTAVO A. GUERRA V.P.

### 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