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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-5-11
08

COVER LETTER

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

SUBJECT: REMOTE VIDEO SURVEILLANCE, INC.

(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: MURRAY J COHEN PA

Name (Printed or typed)

10330 CAMELBACK LANE

Address

BOCA RATON, FL. 33498

City, State & Zip

562-482-8682

Daytime 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:

REMOTE VIDEO SURVEILLANCE INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1500 NE MIAMI GARDENS DR
NORTH MIAMI BEACH, FL 33179

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL ENTERPRISES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARCO MARQUEZ	DANILO BEROVIDES	ANTONIO BARBOSA
480 NE 30 STREET APT 1601	401 S 61 AVE	480NE 30 ST APT 2107
MIAMI FL, \	HOLLYWOOD FL 33023	MIAMI, FL 33137
CFO	PRES	V.PRES

DDCC

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MURRAY J COHEN PA
10330 CAMELBACK LANE
BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

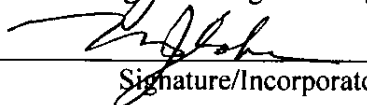
The name and address of the Incorporator is:

MURRAY COHEN
10330 CAMELBACK LANE
BOCA RATON, FL 33498

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

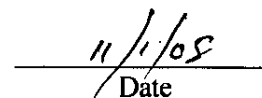


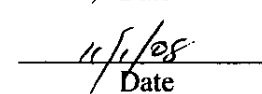
Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Date


Date