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Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CODE ENFORCEMENT SECURITY & INVESTIGATIONS, INC.**

Certificate of Status	0
Certified Copy	1
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H09000225059

ARTICLES OF INCORPORATION

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.

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2009 OCT 21 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLA.
H09000225059**ARTICLE I - NAME**

The name of the corporation shall be:

Code Enforcement Security & Investigations Inc.

ARTICLE II - PRINCIPAL OFFICE

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

900 west 49 street
Hialeah FL 33012 # 554 suite

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ALBERT VARGAS

900 WEST 49 ST. SUITE 554

Hialeah FL 33012

H09000225059

FROM :LAZARUS

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Oct. 21 2009 11:29AM P3

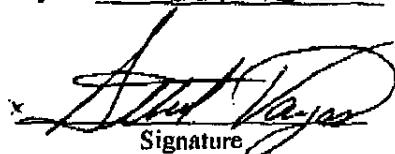
H09000225059

ARTICLE V - INCORPORATOR

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

ALBERT VARGAS
DENIS VARGAS
900 WEST 49 ST. SUITE 554
Hialeah FL 33012

The undersigned incorporator has executed these Articles of Incorporation this
21 day of october 2009.


Signature

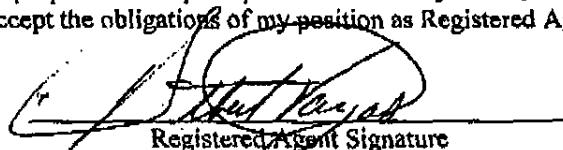
ARTICLE VI- DIRECTOR (S)

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

Denis Vargas (P)
ALBERT VARGAS (VP)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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