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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Security Professional Group Co.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## **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:

SECURITY PROFESSIONAL GROUP CO.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

14 NE 1ST AVENUE  
MIAMI, FLORIDA 33132

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000 COMMON SHARES PAR VALUE \$1.00

### **ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
MICHAEL VARGAS  
14 NE 1ST AVENUE  
MIAMI, FLORIDA 33132

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PAGE 2 SECURITY PROFESSIONAL GROUP CO.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MICHAEL VARGAS  
14 NE 1ST AVENUE  
MIAMI, FLORIDA 33132

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

MICHAEL VARGAS  
14 NE 1ST AVENUE  
MIAMI, FLORIDA 33132

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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.

  
\_\_\_\_\_  
MICHAEL VARGAS / Registered Agent

5/24/10  
Date

  
\_\_\_\_\_  
MICHAEL VARGAS / Incorporator

5/24/10  
Date