TRANSMITTAL LETTER

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

		Security name - must include su	MACS y	istems	Īw.
			200 -01/23 ****1	001327 79501071 22.50 ****1	312 018 22.50
Enclosed is an original for:	and one (1) copy	y of the articles of	incorporation and a	check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	Robe Name	printed or typed)	<u>4:16ert</u>		
	<u>PE</u>	2634/ Address			
		hassee y, State & Zip	<u>F1. 323/</u>	6	
	904/5	76-5790	4		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

STAN 23 PH 3: 08

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.

ARTICLE I NAME

The name of the corporation st	nall be:	•	
"Centurion	Security	Jak Systems	INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of busin	ess and maili	ng address of this corporation shal	l be:
1926 Shelby	(+,	PO 2634	
lallahasses	FI	PO 2634 Tallahassee, Fl.	323/6
32308	ARTICLE	L SHARES	·
~			

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert M. Hilbert

2475 Rumba Ct.

Fullahassee, Fl. 32304

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incotion is(are):	rpora
# 2475 Rumba Ct.	
Tallahosse, F1. 32304	
Robert M. Hilbert	

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of January 19_95.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Confusion Scorify.	藝
Systems INC.	
2. The name and address of the registured agent and office is:	
Robert M. Hilbert	i j
POBOX 2475 Rumba CTO P	= 7
Tallahossee F1. 32304	<i>)</i>
(City/State/Zip)	
Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.	

(Date)

(Signature)