

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK _____

WALK-IN Will Pick Up 3-7 11.00

RE: Alliance Monitoring

Corp

95

P950000018306

G.C. FEE. DISBURSED

- ☐ Art. of Amend. File
- ☐ Dissolution/Withdrawal
- ☐ C U S-
- ☐ Fictitious Name File
- ☐ Name Reservation
- ☐ Annual Report/Restatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ File No.'s, Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone ()
- ☐ Top Priority
- ☐ Express Mail Prep.
- ☐ FAX () pgs.

FILED
 05 MAR -7 AM 10:09
 SECRETARY OF STATE
 TALLAHASSEE, FL 32304

8000001422278
 -03/07/95-01034-001
 ***245.00- ***122.50

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: ALLIANCE MONITORING CORP.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Name (printed or typed)

Address

City, State & Zip

Daytime Telephone number

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

FILED

95 MAR -7 AM 10:09

ARTICLES OF INCORPORATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 shall be:

ALLIANCE MONITORING CORP.

ARTICLE II PRINCIPAL OFFICE

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

*3912 S.E. 10TH AVE.
CAPE CORAL, FL. 33904*

ARTICLE III SHARES

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

100,000 SHARES COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*MICHAEL J. LUCAS
3912 S.E. 10TH AVE.
CAPE CORAL, FL. 33904*

ARTICLE V INCORPORATOR(S)

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

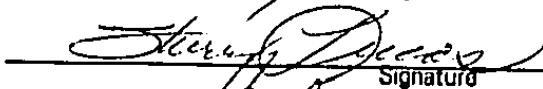
VICTOR CINTRON
ELBA CINTRON
117040 Golfside Circle # 203
Ft. Myers, FL 33908

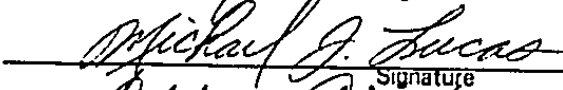
MICHAEL J. LUCAS
SHERRY LUCAS
3912 S.E. 10TH AVE.
CAPE CORAL, FL 33904

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

28TH day of FEBRUARY, 1995.


Signature


Signature


Signature


SIGNATURE

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
5 MAR -7 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ALLIANCE MONITORING CORP.

2. The name and address of the registered agent and office is:

MICHAEL J. LUCAS

(Name)

3912 S.E. 10TH AVE.

(P.O. Box not acceptable)

CAPE CORAL, FL. 33904

(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.

Michael J. Lucas

(Signature)

2/28/95

(Date)