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6/95 FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM 3:06 PM
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TO: DIVISION OF CORPORATIONS FROM: HILL, WARD & HENDERSON, P.A.
DEPARTMENT OF STATE 101 E KENNEDY BLVD
STATE OF FLORIDA SUITE 3700
409 EAST GAINES STREET TAMPA FL 33602-5154731-
TALLAHASSEE, FL 32399 CONTACT: BARBARA A MURPHY
FAX: (904) 922-4000 PHONE: (813) 221-3900
FAX: (813) 221-2900
DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: VICON INTERNATIONAL PRODUCTION CORP.
FAX AUDIT NUMBER: H95000002553 CURRENT STATUS: REQUESTED
DATE REQUESTED: 03/06/1995 TIME REQUESTED: 15:06:01
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
3/7

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FLORIDA DEPARTMENT OF STATE
Sandra B. Montuom
Secretary of State

March 7, 1985

HILL WARD HENDERSON

TAMPA, FL

SUBJECT: VICON INTERNATIONAL PRODUCTION CORP.
REF: M96000004934

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with this cover sheet.

The FAN audit number must be on the top and bottom of each page of the document.

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-8934.

Loria Poole
Corporate Specialist

FAN Aud. #: M96000002533
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Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

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H95000002553

**ARTICLES OF INCORPORATION
OF
VICON INTERNATIONAL PRODUCTION CORP.**

FILED
95 MAR -7 PM 3:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, the undersigned, hereby make, subscribe, acknowledge and ~~file with~~ the Secretary of State of the State of Florida these Articles of Incorporation for the purpose of forming a corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I

Name

The name of this corporation shall be:

VICON INTERNATIONAL PRODUCTION CORP.

ARTICLE II

Address

The address of the principal office and the mailing address of this corporation shall be: 18267 N. E. 4th Court, Miami, Florida 33179.

ARTICLE III

Existence of Corporation

This corporation shall have perpetual existence.

ARTICLE IV

Purpose

The corporation may engage in the transaction of any or all lawful business for which corporations may be incorporated under the laws of the State of Florida.

Prepared by: Barbara A. Murphy
P. O. Box 2231, Tampa FL 33601-2231
(813) 221-3900

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ARTICLE V

Capital Stock

(a) The total number of shares of capital stock authorized to be issued by the corporation shall be 10,000 shares having a par value of \$1.00 per share. Each of the said shares of stock shall entitle the holder thereof to one (1) vote at any meeting of the stockholders. All or any part of said capital stock may be paid for in cash, in property or in labor or services actually performed for the corporation and valued at a fair valuation to be fixed by the Board of Directors at a meeting called for such purpose. All stock when issued shall be paid for and shall be nonassessable.

(b) In the election of directors of this corporation there shall be no cumulative voting of the stock entitled to vote at such election.

ARTICLE VI

Registered Office and Registered Agent

The street address of the corporation's initial registered office is 101 East Kennedy Boulevard, Suite 3700 - Barnett Plaza, Tampa, Florida 33602, and the name of the corporation's initial registered agent at such address is DANIEL J. GIBBY. The corporation may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 607.0502, Florida Statutes.

ARTICLE VII

Incorporators

The name and address of the incorporator of this corporation is as follows:

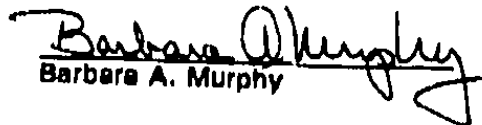
<u>Name</u>	<u>Address</u>
Barbara A. Murphy	101 East Kennedy Boulevard Suite 3700 - Barnett Plaza Tampa, Florida 33602

ARTICLE VII

Amendment of Articles of Incorporation

The corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated.


Barbara A. Murphy

REGISTERED AGENT CERTIFICATE

Having been named to accept service of process for the above stated corporation, I hereby accept appointment as its 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.

Signature


DANIEL J. GIBBY

Date:

3/6/95

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95 MAR 7 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000018360

Request for Name
Address
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 SEP 18 PM 1:45

APPROVED
AND
FILED

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: VICON PRODUCTION CORP

1b. The mailing address of the corporation is : 900 N. Federal Hwy, Ste 460
Boca Raton, FL 33432

1c. Date of incorporation: 3/7/95 Document number: 995000018360

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

Daniel J. Gibby

201 East Kennedy Blvd, 10th FL

Tampa, FL 33601

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Stephen M. Goodman

900 N. Federal Hwy, Ste 460

Boca Raton, FL 33432

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or
vice chairman of the board)

(Date)

Stephen Colangelo

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)