

P95000035871

TRANSMITTAL LETTER

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

000001473690  
-05/03/95--01122--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: P. I. B., INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for : \$78.75 filing fee & certificate.

FROM: JONES & JONES. P.A.  
1037-3 N. Edgewood Ave  
Jacksonville, FL 32254  
(904) 781-6380

FILED  
MAY -3 PM 2:03  
SECRETARY OF STATE  
JACKSONVILLE

MAY 8 1995. BSB

**Articles of Incorporation  
of  
P. I. B., INC**

**FILED**  
**05 MAY -3 PM 2:03**  
**SECRETARY OF STATE**  
**FLORIDA**

The undersigned, acting as the incorporator in accordance with the provisions of the laws of the State of Florida for the formation of corporations under the Florida Business Corporation Act, hereby adopt the following articles of incorporation.

**Article I - Name**

The name of this corporation shall be: P. I. B., Inc.

**Article II - Purpose**

This corporation is organized for the purpose of developing crime prevention techniques and any related lawful business purpose which may become necessary or desirable for the furtherance of the corporate objectives.

**Article III - Term of Existence**

The period of the duration of the existence of this corporation will be perpetual and shall commence at the time of filing of the Articles of Incorporation by the Department of State.

**Article IV - Principal Office**

The principal place of business and mailing address of this corporation is 11062 Traci Lynn Drive, Jacksonville, Florida 32218.

**Article V - Capital Stock**

The corporation is authorized to issue only one class of stock. The number of shares authorized shall be 10,000 and the par value of each share is \$10.00.

**Article VI - Initial Registered Agent and Street Address**

The initial Registered Agent and the street address of the initial registered office of the corporation in the State of Florida shall be:

**Bennie Griffin Jr**  
**11062 Traci Lynn Drive**  
**Jacksonville, Florida 32218**

**Article VII - Incorporator**

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

Bennie Griffin Jr  
11062 Traci Lynn Drive  
Jacksonville, Florida 32218

**Article VIII - By Laws**

The power to adopt, alter, amend or repeal by-laws shall be vested in the board of directors.

**Article IX - Initial Board of Directors**

This corporation shall have three (3) Directors initially . The number of Directors may be either increased or diminished from time to time by the by-laws but shall never be more than ten. The names and addresses of the initial Directors of this corporation are :

Bennie Griffin Jr  
11062 Traci Lynn Drive  
Jacksonville, Florida 32218

Tony Lovett  
8254 Moncrief Ext.  
Jacksonville, Florida 32219

Irvin King  
11765 Tortoise Way  
Jacksonville, Florida 32218

**Article X - Indemnification**

This corporation shall indemnify any Officer or Director, or any former Officer or Director to the full extent permitted by law.

**Article XI - Officers**

The name and address of the Officers of this corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed and have qualified are as follows:

President and Treasurer	Bennie Griffin Jr 11062 Traci Lynn Drive Jacksonville, Florida 32218
Vice- President	Tony Lovett 11062 Traci Lynn Drive Jacksonville, Florida 32218
Secretary	Ervin King 11062 Traci Lynn Drive Jacksonville, Florida 32218

**Article XII - Amendment**

These articles may be amended in the manner provided by law. In witness whereof, the undersigned Incorporator has made and subscribed these Articles of Incorporation at Jacksonville, Duval county, Florida, for the uses and purposes aforesaid, this 1<sup>st</sup> day of May, 1995.

  
Bennie Griffin Jr.

State of Florida

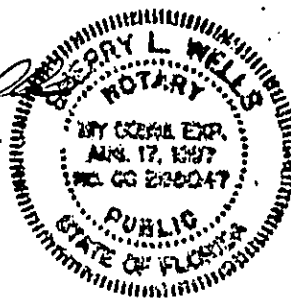
County of Duval

On MAY 1, 1995 before me personally appeared Bennie Griffin Jr. to me ~~well known~~ and known to be the individual described in and who executed the foregoing instrument and acknowledge to and before me that he execute same for the purposes therein expressed.

*Produced FL I.D.*

Witness my hand and official seal this 1st day of MAY, 1995.

*Sherry L. Wells*  
*SHERRY L. WELLS*  
*August 17, 1997*



**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.

The name of the corporation is: **P. I. B., Inc.**

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

**Bennie Griffin Jr  
11062 Traci Lynn Drive  
Jacksonville, Florida 32218**

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.

*Bennie Griffin Jr.*  
(Signature)

*May 1, 1995*  
(Date)

*FL 6615.060.67.361-0*

FILED  
MAY - 3 PM 2:00  
CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035871**

1. Corporation Name  
**P.I.B., INC.**

Principal Place of Business  
**11062 TRACI LYNN DR  
JACKSONVILLE FL 32218**

Mailing Address  
**11062 TRACI LYNN DR  
JACKSONVILLE FL 32218**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)  
2. Name of Officers and/or Directors

3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)

4. City / State / Zip

DPT GRIFFIN, BENNIE JR

11062 TRACI LYNN DR

JACKSONVILLE FL 32218

DV LOVETT, TONY

8254 MONCRIEF EXT

JACKSONVILLE FL 32219

DS KING, IRVIN

11765 TORTOISE WAY

JACKSONVILLE FL 32218

600002001786--3  
-11/12/96--01023-011  
\*\*\*\*375.00--\*\*\*\*375.00

8. Name and Address of Current Registered Agent

GRIFFIN, BENNIE JR  
11062 TRACI LYNN DR  
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State Zip Code  
**FL**

10. I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent *Bennie Griffin Jr.* Date **10-22-96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, no reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Bennie Griffin Jr.* Date **10-22-96**  
Daytime Phone #

**FILED**  
96 NOV -5 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CP2000 (7/96)