

P95000049000

TRANSMITTAL LETTER

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

300001517569
-06/20/95--01061--017
*****78.75 *****78.75

SUBJECT: LOSS CONTROL SYSTEMS, INC. SE USE ONLY
(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

Additional Copy Required

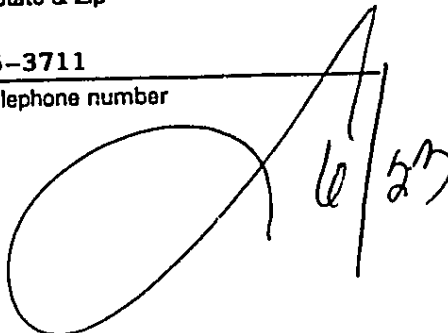
FROM: JOHN E. CHAMBERS
Name (printed or typed)

701 S. CHAMBERS WAY
Address

INVERNESS, FLORIDA 34450
City, State & Zip

(904) 726-3711
Daytime Telephone number

FILED
95 JUN 19 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

ARTICLES OF INCORPORATION

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:

LOSS CONTROL SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

701 S. CHAMBERS WAY
INVERNESS, FLORIDA 34450

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOHN E. CHAMBERS
701 S. CHAMBERS WAY
INVERNESS, FLORIDA 34450
(904) 726-1076

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

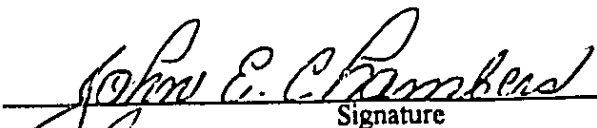
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOHN E. CHAMBERS, PRESIDENT
701 S. CHAMBERS WAY
INVERNESS, FLORIDA 34450

JOAN A. CHAMBERS, SECRETARY/TREASURER
701 S. CHAMBERS WAY
INVERNESS, FLORIDA 34450

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

15th day of JUNE, 19 95.



Signature



Signature

Signature

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INVERNESS, FLORIDA

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: LOSS CONTROL SYSTEMS, INC.

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

JOHN E. CHAMBERS
(NAME)

701 S. CHAMBERS WAY

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

INVERNESS, FLORIDA 34450
(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

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.

John E. Chambers
(SIGNATURE)

6-15-95
(DATE)