

ENT BY Heron, T. Secord, 30 : 31- : 12:30 : HALL, WARREN, DEBEN- DIV. CORPORATION

9500067638

8/31/95 FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM 10:31 AM

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING CONFIRMATION

YOU HAVE REQUESTED TO SUBMIT THE FOLLOWING DOCUMENT:

TYPE: EFIL01
CORPORATE NAME: VICON INTERNATIONAL FINANCE CORPORATION

SUB-ACCOUNT NUMBER:
METHOD OF DELIVERY: F
FAX PHONE NUMBER: (813)221-2900
MAILING NAME/ADDRESS: HILL, WARD & HENDERSON, P.A.
101 E KENNEDY BLVD
SUITE 3700
TAMPA

FL 33602-5154 09

CERTIFICATE(S) REQUESTED: NO
ESTIMATED CHARGES: \$70.00

8/31/95 FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
((H9500009682))) ELECTRONIC FILING COVER SHEET
TO: DIVISION OF CORPORATIONS FROM: HILL, WARD & HENDERSON, P
DEPARTMENT OF STATE 101 E KENNEDY BLVD
STATE OF FLORIDA SUITE 3700
409 EAST GAINES STREET TAMPA FL 33602-5154302-
TALLAHASSEE, FL 32399 CONTACT: BARBARA A MURPHY
FAX: (904) 922-4000 PHONE: (813) 221-3900
FAX: (813) 221-2900

FILED
95 AUG 31 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: VICON INTERNATIONAL FINANCE CORPORATION
 FAX AUDIT NUMBER: H95000009682 CURRENT STATUS: REQUESTED
 DATE REQUESTED: 08/31/1995 TIME REQUESTED: 10:31:44
 CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 0
 NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX
 ESTIMATED CHARGE: \$70.00 ACCOUNT NUMBER: 072317001716

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

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Q1675-01
4 Pages

15:21:51

U.S. 11/15/1944

SENT BY: Xerox Telecopier 7020 : 6-31-85 : 12:27 : HILL, WARD, HENDERSON- DIV OF CORPORATIONS: # 2
(((H95000009682)))

**ARTICLES OF INCORPORATION
OF
VICON INTERNATIONAL FINANCE CORPORATION**

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 FINANCE CORPORATION

ARTICLE II

Address

The address of the principal office and the mailing address of this corporation shall be: 2424 N. Federal Highway, Suite 250, Boca Raton, Florida 33431.

ARTICLE III

Existence of Corporation

This corporation shall have perpetual existence.

ARTICLE IV

Purposes

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

(((H95000009682)))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SENT BY: Xerox Telecopier 7020 : 8-31-85 : 12:28 : HILL, WARD, HENDERSON- DIV OF CORPORATIONS. # :
(((H95000009682)))

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 E. Kennedy Blvd., Suite 3700, 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

Incorporator

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

<u>Name</u>	<u>Address</u>
Barbara A. Murphy	101 E. Kennedy Boulevard Suite 3700 Tampa FL 33602

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ARTICLE VIII

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 proscribed by statute, and all rights conferred upon the stockholders herein are subject to this reservation.

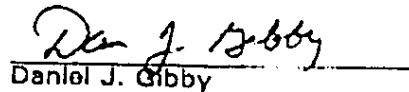
IN WITNESS WHEREOF, I, the undersigned, have executed these Articles for the uses and purposes therein stated.


Barbara A. Murphy, Incorporator

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:

8/24/95

FILED
95 AUG 31 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H95000009682)))

P95000067638

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 # _____

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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 K.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"/>	Partnership
<input type="checkbox"/>	Individual
<input type="checkbox"/>	Other

Florida Department of State, Sandra B. Monham, Secretary of State

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: FLORIDA FINANCE CORP.

1b. The mailing address of the corporation is: 1000 N. W. 10th Ave., Suite 1000
Fort Lauderdale, FL 33311

1c. Date of incorporation: 8/21/95 Document number: 192,000,670

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

FLORIDA FINANCE CORP.
1000 N. W. 10th Ave., Suite 1000
Fort Lauderdale, FL 33311

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

FLORIDA FINANCE CORP.
1000 N. W. 10th Ave., Suite 1000
Fort Lauderdale, FL 33311

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

9/11/96
(Date)

[Signature]
(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]
(Signature of Registered Agent)

9/11/96
(Date)

If signing on behalf of an entity:

[Signature]
(Typed or printed Name)

[Signature]
(Capacity)