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

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SUBJECT: Eyes on Investigations INC
(Proposed corporate name) must locate suffer)

Enclos for :	sed is an origina \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate		chec	:k
	FROM:	Victor	ん・ Jone printed or typed)	S	!		
		. 32 <u>5 </u>	Address	J. Karring			
٧.		City	FL 3	150			
war		Daytime Telephone number			TALLARAGEE, FLORID	96 AFR -1 FH 12: 20	FILED

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

ARTICLES OF INCORPORATION

96 AFR -1 FH 12: 20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business (SIDA) Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

Eyes ON Investigations INC

PRINCIPAL OFFICE ARTICLE II

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

3229 Fieldcrest Ferrace Deltona, FL 32725

> ARTICLE III **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 60

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> Victor L. Jones 325 Bonnie Trail Longwood, FL 32750

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):

Bobby G. Thomas - 3229 Fieldcrest TERR. Deltona, FL 32725 Victor L. Jones - 325 Bonnie Trail Langwood, FL 32750

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st day of APCIL , 19 96. Signature

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:	Eyes on Frie	estigations In
2.	The name and address of the regi	stered agent and office is:	
	Victor	L Jones	
	325 (P.O.B	Donnie Trail ox or Mail Drop Box NOT ACCEPTABLE	5 8 T
	l l	od FL 327	, , , , , , , , , , , , , , , , , , , ,
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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.

(SIGNATURE) APR 1-96 (DATE)