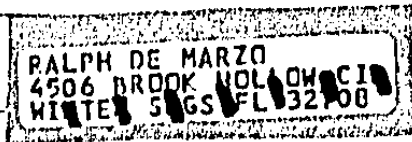


P960000937806



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAY -2 PM 3:22

City/State/Zip

Phone #

• 407-699-8207

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

00000178240E  
-04/16/96--01100--002  
\*\*\*122.50 \*\*\*122.50

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

5-2-96  
Chrisly  
chg. name  
W96-8237

5/2



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

April 17, 1996

RALPH DE MARZO  
4506 BROOK HOLLOW CIR.  
WINTER SPRINGS, FL 32708

SUBJECT: CHILD SAFE, INC.  
Ref. Number: W96000008237

Please see.  
new name on  
Forms.

Thank you,  
C. DeMarzo

We have received your document for CHILD SAFE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 796A00017822

# ARTICLES OF INCORPORATION

of  
Safewatch, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is:

Safewatch, Inc.

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Ten thousand shares (10,000) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Christy DeMarzo</u>		
ADDRESS	<u>4506 Brookhollow Circle</u>		
CITY	<u>Winter Springs</u>	FLORIDA	ZIP <u>32708</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Safewatch, Inc.</u>		
ADDRESS	<u>4506 Brookhollow Circle</u>		
CITY	<u>Winter Springs</u>	FLORIDA	ZIP <u>32708</u>

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Christy DeMarzo</u>		
ADDRESS	<u>4506 Brookhollow Circle</u>		
CITY	<u>Winter Springs</u>	STATE <u>FL</u>	ZIP <u>32708</u>
NAME	<u>Della Rae Stolsworth</u>		
ADDRESS	<u>4915 Cloister Drive</u>		
CITY	<u>Rockville</u>	STATE <u>MD</u>	ZIP <u>20852</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED STATE  
RECEIVED  
JAN 2 1988  
3:22 PM '88

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Christy DeMarzo		
ADDRESS	4506 Brookhollow Circle		
CITY	Winter Springs	STATE	FL ZIP 32708
NAME	Della Rae Stalworth		
ADDRESS	4915 Cloister Drive		
CITY	Rockville	STATE	MD ZIP 20852
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_(Seal)

\_\_\_\_\_(Seal)

\_\_\_\_\_(Seal)

STATE OF FLORIDA )  
COUNTY OF \_\_\_\_\_ ) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Christy C. DeMarzo</u> Signature	_____	Form of Identification
<u>X Della Stalworth</u> Signature	_____	Form of Identification
_____	_____	Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that \_\_\_\_\_ executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath was not taken.

NOTARY PUBLIC STAMP SEAL Witness my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Notary Signature \_\_\_\_\_

Printed Notary Signature \_\_\_\_\_

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Safewatch, Inc.  
(name of corporation)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JAN - 2 PM 3:22

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 4506 Brookhollow Circle  
Winter Springs, FL 32708

has named Christy DeMarzo  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

x Christy C. DeMarzo  
(Registered agent)