1201 HAYS STREET TALLABASSEE, TL 12301-2602 100-142-8086 100-142-8086

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PHALE HALLING ACCOUNT NO. : 072100000032

REFERENCE: 986095 133628A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: June 13, 1996

ORDER TIME : 9:51 AM

ORDER NO. : 986095

CUSTOMER NO: 133628A

CUSTOMER: Douglas J. Burns, Esq

DOUGLAS J. BURNS, P.A.

6500 Central Avenue

St. Petersburg, FL 33707

DOMESTIC FILING

NAME: POLARIZED PROTECTION SYSTEMS,

INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

(413)94

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ARTICLES OF INCORPORATION

OF

POLARIZED PROTECTION SYSTEMS, INC.

The undersigned subscriber, he being a natural person, competent to contract for the purpose of forming a corporation under the laws of the State of Florida, does hereby adopt the following Articles of Incorporation for such corporation.

ARTICLE I

NAME OF BUSINESS: The name of the proposed corporation shall be POLARIZED PROTECTION SYSTEMS, INC.

ARTICLE II

NATURE OF BUSINESS: The general nature and purpose of business to be transacted, promoted and carried on by the corporation is to engage in any activity or business now or hereafter authorized and permitted under the laws of the United States and the State of Florida to be done or exercised by corporations organized for profit.

ARTICLE III

INITIAL CAPITAL: The amount of capital with which this corporation shall begin business is Five Hundred and 00/100 Dollars (\$500.00).

ARTICLE IV

CAPITAL STOCK: The total number of shares of stock which this corporation shall have authority to issue is One Million (1,000,000) shares of common stock, said stock having a par value of One Cent (\$.01) per share.

ARTICLE V

TERM OF EXISTENCE: This corporation shall have a perpetual term of existence, commencing upon receipt of these Articles by the Secretary of State.

ARTICLE VI

ADDRESS OF BUSINESS: The initial address of the principal office of the proposed corporation in the State of Florida shall be:

16025 Redington Dr. Redington Beach, Florida 33708

ARTICLE VII

DIRECTORS: The number of Directors of this corporation shall be no more than five (5) and no less than one (1) Director. The names and addresses of the Directors who shall hold office for the first year of existence of the corporation or until a successor or successors are elected or appointed and who have qualified are:

CHARLES ROY NIXON 16025 Redington Dr. Redington Beach, Florida 33708

ARTICLE VIII

SUBSCRIBER: The name and address of the Subscriber of this corporation is:

CHARLES ROY NIXON 16025 Redington Dr. Redington Beach, Florida 33708

ARTICLE IX

REGISTERED AGENT AND REGISTERED OFFICE: POLARIZED PROTECTION SYSTEMS, INC. names and designates CHARLES ROY NIXON, the Registered Agent and also establishes 16025 Redington Dr.,

Redington Boach, Florida 34708, as its Registered Office within the State of Florida, pursuant to Section 607.164 Florida Statutes.

IN WITHESS WHEREOF, the undersigned subscriber to this instrument, Articles of Incorporation of POLARIZED PROTECTION SYSTEMS, INC., does place his hand and seal this /2 day of June, 1996, at St. Petersburg, Florida.

In the presence of:	Mark Noy Nixed
WITNUSS	CHARLES ROY NIXON

STATE OF FLORIDA
COUNTY OF PINELLAS

known to me or has produced _________as identification and who [did] [did not] take an oath, and known to be the person described in and who executed the foregoing instrument as Subscriber to the foregoing Articles of Incorporation who, after being first duly sworn, acknowledges that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

witness my hand and seal on this / 2 day of June, 1996, at St. Petersburg, Florida.

NOTARY PUBLIC - STATE OF FLORIDA
Printed Name: 20/ 1. Rocenta

My Commission expires:

ACCEPTANCE BY REGISTERED AGENT

POLARIZED PROTECTION SYSTEMS, INC., togother with the duties and responsibilities attaching to such appointment.

CHARLES ROY NIXON

STATE OF FLORIDA

COUNTY OF PINELLAS

Before me personally appeared CHARLES ROY NIXON, to me well known or has produced _________ as identification and who [did] [did not] take an oath, and known to be the person described in and who executed the foregoing instrument and acknowledged to and before me that he executed the said instrument for the purposes therein expressed.

WITNESS my hand and seal this

day of June, 1996.

NOTARY PUBLIC - STATE OF FLORIDA

Printed Name: Gail D. Kacemba

My Commission expires:

My My Sa

GAN, D KOCEMBA My Commission CC331218 Expires Nov. 18, 1997 Bonded by HAI 800-422-1855