

P96000075663

TRANSMITTAL LETTER

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

1000000 10-12-93  
-0000000- 1053-0002  
\*\*\*\*\*TEL. 75 \*\*\*\*\*TEL. 75

SUBJECT: Safety Solutions, Inc. The Regulatory Compliance  
(Proposed corporate name - must include suffix) Institute, INC.

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:

TRACEY Kay Reimer  
Name (printed or typed)

10117 Boynton Place Circle  
Address

Boynton Beach FLORIDA 33437  
City, State & Zip

407-369-8119  
Daytime Telephone number

Tracey Reimer GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name & corp suffix  
DATE 9-11-96  
DOC. EXAM ASL

SEP 11 1996

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

## ARTICLES OF INCORPORATION

FILED  
96 SEP -9 AM 0:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*Safety Solutions, Inc.*

### ARTICLE II PRINCIPAL OFFICE

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

*10117 Boynton Place Circle  
Boynton Beach, FLORIDA  
33437*

### ARTICLE III SHARES

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

*ONE Hundred*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*TRACEY Kay Reimer  
10117 Boynton Place Circle  
Boynton Beach, FL  
33437*

**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):

TRACEY K. Reimer  
Michael T. Reimer  
10117 Boynton Place Circle  
Boynton Beach, FLORIDA  
334317

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

8 day of September, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**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: Safety Solutions, Inc.

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

TRACEY Kay Reimer  
(NAME)

10117 Boynton Place Circle  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Boynton Beach, FL 33437  
(CITY/STATE/ZIP)

FILED  
96 SEP -9 AM 8:00  
SECRETARY OF STATE  
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.*

  
(SIGNATURE)

8/30/96  
(DATE)