P9MMALLETTERS 6

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

1 00002102941--7 -03/04/97--01003--009 ****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: X/\$131.25 \$122.50 \$70.00 \$78.75 Filing Fee, Certified Copy & Certificate Filing Fee & Certified Copy Filing Fee & Certificate Filing Fee Thomas F. Fey FROM: Name (printed or typed) 1650 Walker Address Lakeland City, State & Zip 941-815-9636 Daytime Telephone number

(Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

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: Trichotomy Security Agency Inc.

ARTICLE II PRINCIPAL OFFICE

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

1650 Walker Rd. Lakeland FL 33810

ARTICLE III SHARES

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

1,000 \$1.00 par

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas F. Fey 1650 Walker Rd. Lakeland Fl. 33810

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Thomas F. Fey
1650 Walker Rd.
Lakeland Fl 33810

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

day of February 1997.

Signature

Shomas F.

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Trichotomy Security Agency IN
2.	The name and address of the registered agent and office is:
	Thomas F. Fey (Name)
	1650 Walker Rd. (P.O. Box not acceptable)
	Lakeland Fl. 33810 (City/State/Zip)

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.

Shomas f fee feb. 25, 1997
(Signature) Jeb. 25, 1997