

P97000030612  
TRANSMITTAL LETTER

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

SUBJECT: PERSONAL SECURITY SERVICE, INC.  
(Proposed corporate name - must include suffix)

600002132726--1  
-04/03/97--01081--003  
\*\*\*\*131.25 \*\*\*\*131.25

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: LORETTA SAX  
Name (Printed or typed)

4709 WALDEN CIRCLE, APT. # 904  
Address

ORLANDO, FL 32811  
City, State & Zip

(407) 248-8044  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 APR -3 AM 9:39

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

44W4-4-97

## 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:

PERSONAL SECURITY SERVICE, INC.

### ARTICLE II PRINCIPAL OFFICE

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

4709 WALDEN CIRCLE, APT. # 904  
ORLANDO, FL 32811

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LORETTA SAX  
4709 WALDEN CIRCLE, APT. # 904  
ORLANDO, FL 32811

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**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)

LORETTA SAX  
4709 WALDEN CIRCLE, APT. # 904  
ORLANDO, FL 32811

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

31<sup>st</sup> day of MARCH, 19 97.

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

Loretta Sax  
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 PERSONAL SECURITY SERVICE, INC.

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

LORETTA SAX  
(NAME)

4709 WALDEN CIRCLE APT. # 904  
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

ORLANDO, FL 32811  
(CITY/STATE/ZIP)

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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.*

Loretta Sax  
(SIGNATURE)

3-31-97  
(DATE)