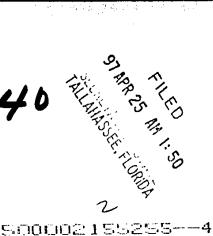
TRANSMITTAL LETTER

70000 37540

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



-04/25/37--01070--019 *****78.75 *****78.75

Burke Investigative, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

S78.75 Filing Fee

& Certificate

\$122.50

□ \$131.25

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: BRYAN C. BURKE Name (Printed or typed) P.O. BOX 4490 Address FORT LAUDERDALE, FL. 33338 City, State & Zip

(954) 522-6194

Daytime Telephone number

APR 2 8 1997

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BURKE INVESTIGATIVE, INC.

ARTICLE II PRINCIPAL OFFICE

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

721 N.E. 17th ROAD FORT LAUDERDALE, FL. 33304

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

BRYAN C. BURKE, 441 S. ANDREWS AVENUE FT. LAUDERDALE, FL. 33301

ARTICLE V _ INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

BRYAN C. BURKE P.O. BOX 4490 FT. LAUDERDALE, FL. 33338

Signature/Incorporator

Date

97 APR 25 AM 1:50

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

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 can familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date