

TRANSMITTAL LETTER

P97000048647

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -2 AM 10:49

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

100002198801--8
-06/02/97--01189--008
*****78.75 *****78.75

SUBJECT: ATLANTIC Southern Protective Services 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

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: FRANK LaPeruta
Name (Printed or typed)

P.O. Box 5371
Address

Miami Beach Florida 33141
City, State & Zip

305-947-4657
Daytime Telephone number

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

RP
6.3.97

ARTICLES OF INCORPORATION

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INCORPORATION
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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:

ATLANTIC Southern Preventive Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

Place of Business is: 2903 N.E. 163 St. #1004
North Miami Beach, Florida

Mailing Address:

P.O. Box 5371
Miami Beach, Florida 33141

33160

ARTICLE III SHARES

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

40 (forty)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

FRANK LaPeruta
2903 N.E. 163rd St. #1004
North Miami Beach, Florida
33160

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):

FRANK LaPeruta
2903 N.E. 163rd St. #1004
North Miami Beach, Florida
33160

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

27 day of May, 19 97.

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

Frank LaPeruta
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**

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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: ATLANTIC Southern Preventive Services Inc.
2. The name and address of the registered agent and office is:

Frank LaPeruta
(NAME)

2903 N.E. 163 St. #1004
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

North Miami Beach, Florida 33160
(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.

Frank LaPeruta
(SIGNATURE)

5-27-97
(DATE)