TRANSMITTAL LETTER

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

900002203199--2 -06/05/97--01103--001 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: (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: Name (Printed or typed)

PH 12: 40

Qaytime Telephone number

K.R. JUN - 6 1997

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

## 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.

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The name of the corporation shall be:

NATIONAL MOUNTED POLICE ACADEMY, INC.

ARTICLE II PRINCIPAL OFFICE

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

TRELAWN PLANTATION RT.1, Box 39, Montricello Fl. 32344

ARTICLE III SHARES

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

ONE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

-TEK MARCINIAK

TRELAUN PLANTATION, RT1. Box 39, Montraino, Fr 32344

ARTICLE V INCORPORATOR

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

TEK MARCINIAK TRELAUN PLANTATION, RTI BOX 39, MONTICELLO (CL 32344 6/5/97 Signature/Incorporator

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

Signature/Registered Agent