DD191900

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

SUBJECT: PUBLIC SAFETY TRAINING 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

(352) 795-4667

\$122.50

Filing Fee

\$131.25 Filing Fee.

& Certified Copy

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

JOHN REEVES FROM: Name (Printed or typed) 109 N. Candle Pt Address Crystal River, Fl. 34429 City, State & Zip

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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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:

PUBLIC SAFETY TRAINING INC.

ARTICLE II PRINCIPAL OFFICE

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

9679 Fort Island Trail

PO Box 386

Crystal River, Fl. 34429

Crystal River, Fl. 34428

ARTICLE III SHARES

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

1000.

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John Reeves

109 N.Candle Pt.

Crystal River, Fl. 34429

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

John Reeves

109 N. Candle Pt.

Crystal River, Fl. 34429

(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

7-15-97 Date