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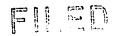
TALLAHASSEL, FLORIDA

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

Tallahassee, FL 32314				
SUBJECT:	Capital + CAF	ortal Protect	tion Investig	ration Conporation
		8	300002271 -03/20 <u>/</u> 97-	- •
Enclosed is an original	and one(1) copy of the article	s of incorporation and a		******/B./S
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: _		1. Simmons rinted or typed)	1 1 REQUIRED	<b>.</b>
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Ph/1/37

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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TALLAHASSEL FLORIDA

ARTICLE I NAME
The name of the corporation shall be Capital Protection Investigation Corporation ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be: 18364 O'HARA Drive Port Charlotte, FL 33948 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1 (one share) ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: FRANCIS m. Simmon S. 18364 O'HARA Drive Port Charlotte FL 33948 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Francis M. Simmons Port Charlotte FL 33948 18364 O'HARA Dr.

Signature/Incomporator

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

Having been named as registered agent and to goccept service of process for the above stated corporation at the place designated in this certificate, I hereby agreet 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

Aug. 15, 1997