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

MILLENNIUM SECURITY SERVICES, INC.
(Proposed corporate name'- must include suffix) SUBJECT:

600002305806---2 -09/29/97--01073--006 ****122.50 ****122.50

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
- \$131.25
- Filing Fee
- Filing Fee,
- & Certified Copy
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

E. OL (VER Name (Printed or typed)

1446 HOLIDAY CT.

WEST PALM BEACH, FL. 33415 City, State & Zip

561) 433-0805 Daytime Telephone number

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

FILEO SECRETARY OF STATE VISION OF CORPORATION

ARTICLES OF INCORPORATION

97 SEP 29 AM 9: 06

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:

MILLENIUM SECURITY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1446 HUCIDAY CT. WESTPALMBEACH, FL. 33415

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JIMMY E. OLIVER

1446 HOLIDAY CT.

WEST PALM BEACH, FL. 33415

ARTICLE V INCORPORATOR

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

ROBERT S. SCHUMANN

10420 N.W. 19TH PLACE

PEMBROKE PINES FL. 33026

(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

9-25-97 Date