

P97000095953

TRANSMITTAL LETTER

October 23, 1997

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

500002341745--9

-11/07/97--01083--004

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Servicios Profesionales de Seguridad, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$78.75 to cover Filing Fee & Certificate

From: Servicios Profesionales de Seguridad, Inc.  
Ralph R. Catala, Registered Agent  
6555 NW 36 Street Suite 218  
Miami, FL 33166

(305) 871-3773 (Daytime Telephone Number)

The English Translation is PROFESSIONAL SECURITY SERVICES, INC.

FILED  
97 NOV 10 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Spoke To Ralph Catala  
for trans.

me 11/10/97

# **ARTICLES OF INCORPORATION of SERVICIOS PROFESIONALES DE SEGURIDAD, INC.**

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 **SERVICIOS PROFESIONALES DE SEGURIDAD, INC.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business of this corporation shall be:

**Via Brazil Local #33  
Panama, Republic of Panama**

The mailing address of this corporation shall be:

**P.O. Box 5310  
Zona 5, Panama  
Republic of Panama**

## **ARTICLE III PURPOSE**

This corporation is organized for the purpose of transacting any or all lawful business under the laws of the State of Florida.

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## ARTICLE IV SHARES

The maximum number of shares of capital stock that this corporation is authorized to issue is one hundred (100) shares, \$1.00 par value each share.

## ARTICLE V EXISTENCE

The corporation shall have perpetual existence unless sooner dissolved according to law.

## ARTICLE VI INITIAL OFFICERS

The corporation shall have one (1) director initially. The number of directors of the corporation may either increase or diminish from time to time by the ByLaws, but shall never be less than one (1) director. The name, title, percent ownership, and street address of each member of the initial Board of Directors who shall hold office for the first year of existence of the corporation or until his or her successor is elected or appointed and qualified, is:


| NAME/<br>SHARES OWNED                 | TITLE    | ADDRESS   |
|---------------------------------------|----------|---|
| Federico Arias Thompson<br>100 Shares | Director | P.O. Box 5310<br>Zona 5, Panama<br>Republic of Panama |

## ARTICLE VII

The name and street address of the person signing these Articles of Incorporation is:

| NAME            | ADDRESS  |
|-----------------|--|
| Ralph R. Catala | 6555 NW 36 Street Suite 218<br>Miami, FL 33166 |

The undersigned incorporator has executed these Articles of Incorporation this 23rd day of October, 1997.



signature

## ARTICLE VIII REGISTERED AGENT/OFFICE

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: **Servicios Profesionales de Seguridad, Inc.**
2. The name and address of the registered agent and office is:

**Ralph R. Catala**  
**6555 NW 36 Street Suite 218**  
**Miami, FL 33166.**

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.

*IN WITNESS WHEREOF*, these Articles of Incorporation and Designation of Registered Agent have been executed this 23rd day of October, 1997.

R. Catala  
(Signature)

23 Oct 97  
(Date)

STATE OF FLORIDA )

) SS:

COUNTY OF DADE )

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TALLAHASSEE, FLORIDA

*I HEREBY CERTIFY* that Ralph R. Catala, who is either personally known to me, or furnished appropriate identification, this day acknowledged before me that he executed the foregoing Articles of Incorporation and Acceptance of Registered Agent designation; and *I FURTHER CERTIFY* that the said person making said acknowledgment to be the individual described in and who executed the said instrument.

*WITNESS* my hand and seal in said County and State aforesaid, this 23rd day of October, 1997.

Angela Pedraza  
Notary Public, State of Florida



**"OFFICIAL SEAL"**  
**Angela Pedraza**  
My Commission Expires 5/1/99  
Commission #CC 457461