

P98000007051

TRANSMITTAL LETTER

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

FILED
98 JAN 21 AM 8:11
STATE
TALLAHASSEE
FLORIDA

SUBJECT: National Institute of Public Safety, 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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Guy V. Wells
Name (Printed or typed)

723 East Colonial Drive
Address

Orlando, FL 32803
City, State & Zip

(407) 228-6595
Daytime Telephone number

500002407385--5
-01/21/98--01110--016
*****78.75 *****78.75

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

12/2 1-23-98

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.

ARTICLE I NAME

The name of the corporation shall be:

National Institute of Public Safety, Inc.

ARTICLE II PRINCIPAL OFFICE

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

723 East Colonial Drive, Orlando, FL 32803

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kim A. Brown C/O Wells Protective Services
723 East Colonial Drive
Orlando, FL 32803

ARTICLE V INCORPORATOR

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

Guy V. Wells
723 East Colonial Drive
Orlando, FL 32803



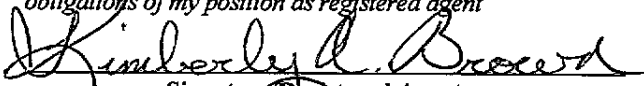
Signature/Incorporator



Date

(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



Date

FILED
98 JAN 21 AM 8:10
TALLAHASSEE STATE
TALLAHASSEE, FLORIDA