

98 FEB -5 AM 9:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: ALTER	NATIVE SECURITY SOLUTI	ONS INC ate name - must include suf	fix)	_ .
Enclosed is an original a	and one(1) copy of the articles	ε	00000242 -02/05/38- *****70.00	-01007003
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	WEIDENBACH & CO P A Name (Pr	inted or typed)		: a. ⁻
1560 CAPITAL CIR NW STE 3 - Address				
<u>T.</u>	TALLAHASSEE FL 32303-3180 City, State & Zip			FEB - 5 1998
	01/18 of CORPORATION	lephone number	<u> </u>	<u> </u>
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NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
The undersigned incorporator, for the purpose of forming a corporation under the Florida LAHASSEE, FLORIDA
Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ALTERNATIVE SECURITY SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 7014 UPLAND GLADE
TALLAHASSEE FL 32312

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

C. TIM RIORDAN 7014 UPLAND GLADE

TALLAHASSEE FL 32312

ARTICLE V INCORPORATOR

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

C. TIM RIORDAN 7014/UPLAND GLAME

TALIAHASSEE

32312

Signature/Incorporator

(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 for my position as registered agent

Signature/Registered Agent

Date