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

				•
SUBJECT:AA	Security Sys	tems, Inc.	<u> </u>	
	Proposed corporate r	name - must include su	uffix)	
		·	-02/	24337701 18/9801030001 **78.75 *****78.75
Enclosed is an origina for :	l and one (1) co	py of the articles of	of incorporation	and a check
\$70,00 Filing Fee	X \$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Cop	s131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	Max Sawicki		. JAY 101V., VIO	
i now.	Name (printed or typed)		98.FEB	
	1079 Deerwood Ln.		HASSE B 10	
	-	Address		THE REPORT OF THE PERSON OF TH
	Weston, Fla. 33326		The second of th	
	Cit	City, State & Zip		36 ·
	954-384	-9336		
	Daytime Telephone number			

NOTE: Please provide the original and <u>one copy</u> of the articles.

ARTICLES OF INCORPORATION

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:

AA Security Systems, Inc.

98 FEB 16 PH 4: 36
DIVISION OF CORPORATION OF CORPO

ARTICLE II PRINCIPAL OFFICE

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

1079 Deerwood Ln. Weston, Fla. 33326

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Maximo Sawicki 1079 Deerwood Ln. Weston, Fla. 33326

ARTICLE V INCORPORATOR(S) See instructions for officers/directors ARTICLE V

he name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

٠.

Maximo Sawicki 1079 Deerwood Ln. Weston, Fla. 33326

10 day of _	February	, 19 <u>98</u>	 ī	-
	Maximo Sawic	ki, President		_ .
	. (Signature/	 	_f a
	Y	Signature		_

OTE: Affixing an officer title after a signature of an incorporator does not constitute the esignation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED 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:	AA Security Systems,	Inc.	<u> </u>
2.	The name and address of the regist	ered agent and office is:	DIVISION C TALLAH	-
	Мах	imo Sawicki	B 16 HASSE	· ·
	107	(NAME) 9 Deerwood Ln.	PM 4: E, FLOORA	G
	(P.O. Box	or Mail Drop Box NOT ACCEPTABLE	RIDA 36	
	₩e	ston, Fla. 33326		
		(CITY/STATE/ZIP)		

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)

(DATE)