## P98000044192

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



SUBJECT: P	ublic Safety Access		
	(Proposed o	corporate name - must include	
Enclosed is an origina	l and one(1) copy of the articl	les of incorporation and a	check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy  ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED
FROM: Wayne Pflum  Name (Printed or typed)			
16621 Waters Edge Drive Address			
	Weston, Florida City,	33326 State & Zip	···································

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

Daytime Telephone number

15 5/15

## 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:

Public Safety Access, Incorporated

# 98 MAY 13 PH 1: 37 SECRETARY OF STATE VALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

16621 Waters Edge Drive Weston, Florida 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 Florida street address of the initial registered agent are:

Melissa Pflum 16621 Waters Edge Drive Weston, Florida 33326

## ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Wayne Pflum 16621 Waters Edge Drive Weston, Florida 33326

04-25-98

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 fregistered agent

Signature/Registered Agent

04 - 25 - 98

Date