TRANSMITTAL LETTER

Department Division of Corp P. O. Box 6327

Tallahassee, FL 32314

SUBJECT: EXECUTIVE CRIME TATELVENTION TAL. (Proposed corporate name - must include suffix)

Enclosed is an original ar	nd one(1) copy of the artic	cles of incorporation and a	check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate	Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED
			<u>.</u>

FROM:	Marvin D. Brazie	
·	Name (Printed or typed)	
	1920 S.W 5th STREET # 103	98 JUN SECRE
	Address	至三
		55 9
	FORT. Lauderdale, Fl. 33312.	ERG P
	City, State & Zip	Es is
	954 - 467 - 7137	-9 PH 12: 56 TARY OF STATE ASSEE FLORIDA
•	Daytime Telephone number	

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



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:

EXECUTIVE COLIME INTERVENTION

INL.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 19 10 5.W. 5th 5T. th 103

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Marvin D. Brazle. 1910 S.M. STH ST. HIB3 FT. Iaud. FI. 33

ARTICLE V INCORPORATOR

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

Marviu D. Brazle 1920 S.W. 51 5T. 4 103 FT. land. F1. 33312

Signature/Incorporator

FEB -20-98

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