P98000054572

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 100002561951--0 -06/16/98--01115-023 ****131.25 ****131.25

SUBJECT: Migni Buard Crime Prevention 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

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ada A Alvaker

Name (Printed or typed)

G307 NE 2 M AUE # P-122 D FROM

Address

Miami E (33138 FROM 55)

City, State & Zip

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

Chap.

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:
Miani Guard Crine Prevention, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
6307 NE 2 ml AUT # P-1220
Mismi, FL 33138
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:
ADA A ALUAREZ 6307 NE 2 AUE # P-1220 MININI F C 33138 ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
to the second of
Ada A. Alvarez 6307 NE 2nd Ave # P-1220, Miami, FL 33138
Signature/Incorporator Date
Signature Interpretation Control of the Control of
ARTICLE VI - See attached
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
ada a almany 6-9-98
Signature/Registered Agent Date

Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman: Ada A Alvareer
Address: 6307 NE 2 md AVE # P-1220
Miani PL 33138
Vice Chairman:
Address:
Director: Ada A Alvanez
Address: 6307 NE 220/4UE # P-1220 Em = 1
Director:
Address:
7
B. OFFICERS (Street address only - P.O. Box NOT acceptable)
President: Ada A Alvanez
Address: 6307 NE 2 ml AUE # P-1220
Mismi, FL 33138
/ice President:
Address:
Secretary:
Address:
Treasurer: Ada A A LUAREZ
Address: 6307 NE 2 THAUE # P-1220
Address: 6307 NE 2 THAUE # P1220 Miani, FL 33138

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ada A Alvante Director President Chairman.

(Typed or printed name and capacity of person signing application)