L LET

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

****78.75

(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

78.75

87.50

\$122.50

□ \$131.25-

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

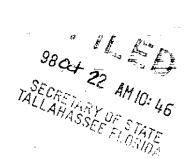
SAPERSTEN

Name (Printed or typed)

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



Enclosed please Sund i original copy - articles of his ALLAN R. SAPERSTEIN 701 S.W. 142nd AVENUE APT. \$101 PEM ROKE PINES, FL 33027



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 PROTECTION SERVICES + INVESTIGATION! THE,	
ARTICLE II PRINCIPAL OFFICE	r.
The principal place of business and mailing address of this corporation shall be:	
APT SIDI PEMBROKE PINES, FLORIDA 33027	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
/00	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are: Allan R. Saperstein	
APT 5101	
PEMBROKE PINES, FLOREIDA 33027	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are: AWAN R. SAPERSTEN	
701 S.W. 142 M AVE	•
APT 5101 PEMBROIGE PINES, FLORIDA 33027	
Allow R. Specto	
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 registered agent

Signature/Registered Agent

Date