

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



SUBJECT: ALL DWCDICAN TWVESTVSATION SCRVICE INCO
(Proposed corporate name - must include suffix)

400002844264--4 -04/19/99--01137--001 *****70.00 ******70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

(SHWFORD MAROUS)

FROM: ALL AMERICAU TNUESTIGATION SCRVICE INC.
Name (Printed or typed)

8400 WARTH UNIVERSITY DRIVER SUITE 104

TAMARAC , FLORIDA 3332/ City, State & Zip

954 - 683 - 6545

Daytime Telephone number

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



ARTICLES OF INCORPORATION

ASTERIAL PROPERTY OF THE PARTY OF THE PARTY

OF

ALL AMERICAN INVESTIGATION SERVICES, INC.

ARTICLE I

CORPORATE NAME

The name of the Corporation is: ALL AMERICAN INVESTIGATION SERVICES, INC.

ARTICLE II

The Corporation may engage in or transact any or all activity or business permitted under the laws of the United States and of the State of Florida. The Corporation shall exist perpetually.

ARTICLE III

CAPITAL STOCK

The Corporation is authorized to issue and have outstanding at any one time an aggregate number of one hundred (100) shares of one class of common stock having a par value of One (\$1.00) Dollar per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

ARTICLE IV

PREEMPTIVE RIGHTS

All shareholders of the Corporation shall be vested with full preemptive rights.

ARTICLE V

INDEMNIFICATION

The Corporation shall indemnify any office or director, to the full extent permitted by law, except as to suits by any such officer of director against the Corporation.

ARTICLE VI

INITIAL REGISTERED AGENT AND

INITIAL REGISTERED AND PRINCIPAL OFFICE

The Corporation's Initial Registered Agent and Registered Office in the State of Florida is:

INITIAL REGISTERED AGENT: Sanford Marcus

INITIAL REGISTERED OFFICE: 8400 North University Drive

Suite 104

Tamarac, Florida 33321

INITIAL PRINCIPAL OFFICE OF CORPORATION:

8400 North University Drive

Suite 104

Tamarac, Florida 33321

ACKNOWLEDGMENT AND CONSENT OF REGISTERED AGENT

Having been named Initial Registered Agent to accept service of process on the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such status consent to act in this capacity and agree to comply with all the requirements of law pertaining thereto.

SANFORD MARCUS REGISTERED AGENT

ARTICLE VII

INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors of the Corporation is THREE (3).

ARTICLE VIII

INITIAL DIRECTORS

The names and addresses of the initial members of the Board of Directors are:

SANFORD MARCUS 8400 North University Drive Suite 104 Tamarac, Florida 33321 KENT JOSEPH BERNARDUCI 8400 North University Drive Suite 104 Tamarac, Florida 33321

JOHN JOSEPH BERNARD, JR. 8400 North University Drive Suite 104 Tamarac, Florida 33321

The number of Directors may be increased or decreased from time to time by By-Laws adopted by the Stockholders.

ARTICLE IX

The names and addresses of the incorporator executing these Articles of Incorporation is:

INCORPORATOR:	SANFORD MARCUS	-
	ب	5
ADDRESSES:	*8400 North University Dr	rive
	Suite 104	
	Tamarac, Florida 33321	0
•		X-1 / Marca
		180 Maria 1 10 Cas
		SÁNFOEÓ MARCUS
		INCORPORATOR
STATE OF FLORID	A)	
	SS	
COUNTY OF BROW	ARD)	

I HEREBY CERTIFY that on this day before me, a notary public, duly authorized in the State and County above named to take acknowledgments, personally appeared SANFORD MARCUS, to me known to be the person described as the incorporator, and who executed the foregoing Articles of Incorporation.

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The foregoing instrument was ac	knowledged before me this 14 day of $\frac{\rho_{ril}}{}$
	ly known to me or who has produced
as identification and who did (did not) ta	ke an oatn.
~^^^^	Nichulas Desola
	NAME OF ACKNOWLEDGER; TYPED,
Notary NICHOLAS DESOLA State of Florida My Comm. Exp: 09/09/002 Comm#: CC583357	PRINTED OR STAMPED
/ Med	NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires: