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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NIGHT WOLF PROTECTION SERVICES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 MAY -7 PM 11:26
RECEIVED

Examiner's Initials

ARTICLES OF INCORPORATION

OF

NIGHT WOLF PROTECTION SERVICES, INC

The undersigned incorporators, 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:

NIGHT WOLF PROTECTION SERVICES, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business of said corporation shall be at:

**120 ALLAMANDA CT.
ROYAL PALM BEACH, FL 33411**

with the privilege of having branch offices at other places within or without the State of Florida.

ARTICLE III

CAPITAL STOCK

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

Five Hundred Shares

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Articles of Incorporation

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

**Mitchell Garcia-Menocal
120 Allamanda Ct.
Royal Palm Beach, Fl 33411**

ARTICLE V

INCORPORATORS

The names and street addresses of the incorporators to these Articles of Incorporation are:

NAME	ADDRESS
Mitchell Garcia-Menocal -- President	120 Allamanda Ct. Royal Palm Beach, Fl 33411
Concepcion Garcia-Menocal -- Treas. Secr.	120 Allamanda Ct. Royal Palm Beach, Fl 33411
Ricardo Garcia-Menocal- VicePresident	120 Allamanda Ct. Royal Palm Beach, Fl 33411

Articles of Incorporation

IN WITNESS WHEREOF, WE, the undersigned, being each of the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, do make and file these Articles, hereby declaring and certifying that the facts herein stated are true, and do respectfully agree to take the number of shares hereinabove set forth, and hereunto set our hands and seals, this the 6th day of May, 1999.

WITNESSES

Maria Contreras

Mitchell Garcia-Menocal
Mitchell Garcia-Menocal- President

Julian Hammer

Concepcion Garcia-Menocal
Concepcion Garcia-Menocal-Treas.Secr.

Concepcion Garcia-Menocal

Ricardo Garcia-Menocal
Ricardo Garcia-Menocal-VicePresident

STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared Mitchell Garcia-Menocal, Concepcion Garcia-Menocal and Ricardo Garcia-Menocal, who are known to me to be the persons described in and who executed the foregoing Articles of Incorporation and who, after being by me first duly sworn, on oath, depose and say and do acknowledge before me, that the said Articles to be the act and deed of the signers respectively and the facts and matters therein set forth are true and correct.



Juan Taboada
MY COMMISSION # CC684412 EXPIRES
September 29, 2001
BONDED THRU TROY FAIR INSURANCE, INC.

Juan Taboada
Notary Public

Articles of Incorporation

CERTIFICATE DESIGNATING RESIDENT AGENT

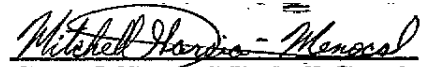
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

NIGHT WOLF PROTECTION SERVICES, INC.


2. The name and address of the registered agent and office is:

**Mitchell Garcia-Menocal
120Allamanda Ct.
Royal Palm Beach, Fl 33411**


**Corp. Officer: Mitchell Garcia-
Menocal-President**

Date: May 6, 1999

Having been named to accept service of process for the above stated corporation at 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.


**Mitchell Garcia-Menocal
May 6, 1999**

STATE OF FLORIDA)

) SS:

COUNTY OF DADE)

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 **Mitchell Garcia-Menocal** to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

IN WITNESS WHEREOF, I set my hand and official seal in the County and State named above, this 6th day of May, 1999



Juan Taboada
MY COMMISSION # CC684412 EXPIRES
September 29, 2001
BONDED THRU TROY FAIN INSURANCE, INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA