

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002899395--9

-06/09/99--01049--023

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

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

1. PENINSULA ONE SECURITY SERVICES, INC. (Corporation Name) (Document #)

2. INC. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)



Walk in



Pick up time

2:00



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

| 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               |

FILED  
99 JUN -9 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
66 JUN -9 AM 11:46  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

PENINSULA ONE SECURITY SERVICES, INC.

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TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1045 KANE CONCOURSE  
SUITE 216  
BAY HARBOR ISLANDS, FLORIDA 33154

MAILING ADDRESS:  
P.O. BOX 546842  
SURFSIDE, FLORIDA 33154

### ARTICLE III SHARES

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

100 SHARES OF STOCK

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDGARDÓ M. ROMANO  
6767 COLLINS AVENUE  
UNIT 901  
MIAMI BEACH, FLORIDA 33141

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ALEXANDER PAUL ROMANO  
6767 COLLINS AVENUE  
UNIT 810  
MIAMI BEACH, FLORIDA 33141

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

ALEXANDER PAUL ROMANO, PRESIDENT  
6767 COLLINS AVENUE  
UNIT 810  
MIAMI BEACH, FLORIDA 33141

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8 day of JUNE, 19 99

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: PENINSULA ONE SECURITY SERVICES, INC.

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

EDGARDO M. ROMANO

(NAME)

6767 COLLINS AVENUE, UNIT 901

(P.O. BOX NOT ACCEPTABLE)

MIAMI BEACH, FL 33141

(CITY/STATE/ZIP)

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

DATE

6-8-99

REGISTERED AGENT FILING FEE: \$35.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 JUN -9 PM 1:38

FILED