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

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E FLORIDA	M 10: 50	

SUBJECT:	Safe	Wo v / d (Proposed corporate)	noma must	include suffix)	-
		(Proposed corporate)	name - musi	menae annix)	
				4000029211 -07/01/99010 *****87.50 *	76001

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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
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FROM: _	Michael O Colem Name (Printed or typed)	, a .a
	11515 U.S. Huy 92 E. Address	
	Seffner FL 33584 City, State & Zip	-
	813-630-9087 or 941-802-5 Daytime Telephone number	5559

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

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ARTICLES OF INCORPORATION

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

TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be:
Safe World Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
5675 New Tampa Huy Svite 5
Lakeland FL 33815
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
one Hundred (TOO)
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
Michael D. Coleman 11515 U.S. Hwy. 92 E. Soffner FL 33584
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
Michael O. Coleman
Michael V. Coloman
11515 U.S. Hwy 92 E. Soffner FL 33584
Michael & Coleman 6/27/99 Signature/Incorporator Date
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(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