Department of State

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

00002925867-<u>-</u>3 -07/08/99--01018--017 ******87.50 *****87.50

SUBJECT: Heritage Protection Services, Inc. (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

\$78.75

Filing Fee Filing Fe

Filing Fee & Certificate of Status

\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Gary C. Rugales

Name (Printed or typed)

2402 Island Club Way

Address

Orlando Florida, 32822

City, State & Zip

407-273-2245

Daytime Telephone number

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

1,5

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 1 NAME: The name of the corporation shall be: HERITAGE PROTECTION SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE: 2402 Island Club Way, Orlando, Florida, 32822.

ARTICLE III SHARES: The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7,500 shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address of the initial registered agent are: Gary C. Ruggles, 2402 Island Club Way, Orlando, Florida, 32822.

ARTICLE V INCORPORATOR: The name and address of the incorporator of these Articles of Incorporation are: Gary C. Ruggles, 2402 Island Club Way, Orlando, Florida, 32822.

Incorporator Signature
GARY C. RUGGLES

6~99 Date

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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature

6-99

FILED

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ECRETARY OF STA

ALLAHASSEE, FLOP