# PAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Will Pick Up

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			Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal
Signature			Annual Report / Reinstatement  Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search
Requested by: Name	1//S Date	8:38 Time	Driving Record  UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval

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## ARTICLES OF INCORPORATION

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OF.

# PROFESSIONAL RISK & INDUSTRIAL SECURITY MITIGATION, INC.

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

### ARTICLE I NAME

The name of the corporation shall be:

PROFESSIONAL RISK & INDUSTRIAL SECURITY MITIGATION, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address shall be:

37640 MERIDIAN AVE. P.O. BOX 281 DADE CITY, FL 33526-0281

#### ARTICLE III CAPITAL STOCK

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

1,000 SHARES AT \$1.00 PAR VALUE

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

F. J. COLLURA 37640 MERIDIAN AVE. P.O. BOX 281 DADE CITY, FL 33526-0281

#### ARTICLE V INCORPORATORS

The name and address of the incorporators to these Articles of Incorporation are:

F. J. COLLURA 37640 MERIDIAN AVE. P.O. BOX 281 DADE CITY, FL 33526-0281

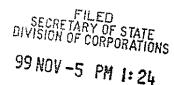
CHARLES E. TEAR 37640 MERIDIAN AVE. P.O. BOX 281 DADE CITY, FL 33526-0281

The undersigned have executed these Articles of Incorporation this

28 day of October, 1999.

F. J. COLLURA

CHARLES E. TEAR



# CERTIFICATE OF DESIGNATION REGISTERED AGENT AND 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 agent and the registered office, in the State of Florida.

1. The name of the corporation is:

PROFESSIONAL RISK & INDUSTRIAL SECURITY MITIGATION, INC.

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

F. J. COLLURA 37640 MERIDIAN AVE. P.O. BOX 281 DADE CITY, FL 33526-0281

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

F. I. COLLURA

DATE 10-28-79