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(Business Entity Name)

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TALLAHASSEE, FLORIDA  
STATE

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12-16

**TRANSMITTAL LETTER**

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

**SUBJECT:** ALANIS SECURITY, INC.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** AUGUSTINE O. AJAGBE  
Name (Printed or typed)

7220 NW 36TH STREET, SUITE # 429  
Address

MIAMI, FLORIDA. 33166  
City, State & Zip

(305) 593-8233  
Daytime Telephone number

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

ALANIS SECURITY, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7220 NW 36TH STREET  
SUITE # 429  
MIAMI, FLORIDA. 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SECURITY GUARD SERVICES TO RESIDENTIAL AND COMMERCIAL PROPERTIES, THAT WILL ALSO ALLOWS ME TO HIRE ARMED AND UNARMED SECURITY OFFICERS, UNDER FLORIDA LAWS.

**ARTICLE IV SHARES**

The number of shares of stock is:

THIS CORPORATION IS AUTHORIZED TO ISSUE 7, 500 SHARES OF COMMON STACK, PAR VALUE \$ 1.00 PER SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

AUGUSTINE AJAGBE  
7220 NW 36TH STREET  
SUITE # 429  
MIAMI, FLORIDA.33166

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

AUGUSTINE AJAGBE  
7220 NW 36TH STREET, SUITE # 429  
MIAMI, FLORIDA.33166

**ARTICLE VII INCORPORATOR**

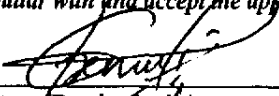
The name and address of the Incorporator is:

AUGUSTINE AJAGBE  
7220 NW 36TH STREET, SUITE # 429  
MIAMI, FLORIDA.33166

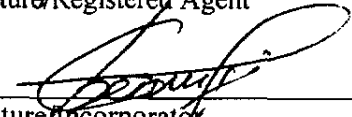
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TALLAHASSEE FLORIDA

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

12/10/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/10/04  
\_\_\_\_\_  
Date