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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

509-558-

W14000026990



800259249968

04/25/14--01006--004 **78.75

FILED
14 JUL - 7 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JF 7/15/14

COVER LETTER

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

SUBJECT: Innovative Detection Concepts, Inc. (iDC, 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: John A Mills
Name (Printed or typed)

22290 SW 266th Street
Address

Homestead, FL 33031
City, State & Zip

305 987 5049
Daytime Telephone number

johnmills@millsmotors.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL - 7 PM 2:03
FILED

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



RECEIVED

69

14 JUL -7 PM 1:27

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

April 29, 2014

JOHN A MILLS
22290 SW 266TH STREET
HOMESTEAD, FL 33031

SUBJECT: INNOVATIVE DETECTION CONCEPTS, INC.
Ref. Number: W14000026990

We have received your document for INNOVATIVE DETECTION CONCEPTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

✓ Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 314A00009115

FILED
14 JUL -7 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

ARTICLE I NAME

The name of the corporation shall be: Innovative Detection Concepts, Inc.

14 JUL -7 PM 2:03

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22290 SW 266th Street

Homestead, Florida 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Innovative Detection Concepts
Inc. will provide the administrative and development services to explore a variety of
detection and forensic services that vary in collection and analysis methods, to
include but not be limited to Unmanned Aerial Vehicles(UAV'S), canines,
mechanical, multi-spectral imaging and at the Biological and Chemical level.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John A Mills, Founding CEO

Address: 22290 SW 266th Street
Homestead, Fl 33031

Name and Title: Dr. Ken Furton, Chairman

Address: Chemical/canine development
26250 SW 194th Ave
Homestead, Fl 33031

Name and Title: Dr DeEtta Mills, VP Research/

Address: Development
22290 SW 266th Street
Homestead, Fl 33031

Name and Title: Deborah Furton, Web/

Address: Treasurer/Secretary
26250 SW 194th Ave
Homestead, Fl 33031

Name and Title: Bill Hanesworth, Chairman

Address: 22290 SW 266th Street
Homestead, Fl 33031

Name and Title: Pete Nunez, Canine and

Address: Handler Training
225 West 25th Street
Hialeah, Fl 33010

(cont)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ~~XXXX~~ Bryn & Associates P.A.
 Address: One Biscayne Tower, Suite 2680, Two South Biscayne Boulevard
Miami, Florida 33131 Office: 305.374.0501 Fax: 305.372.8068

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: John A Mills
 Address: 22290 SW 266 th Street
Homestead, FL 33031

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

 Required Signature/Registered Agent 3/30/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator 3/30/2014
Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA