

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
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From: Account Name : CORP USA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SEKUREID SOLUTIONS CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

17 MAR 29 PM 4:41
STATE OF FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SERVICES

17 MAR 29 AM 9:30
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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

MAR 30 2017

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COVER LETTER

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

SUBJECT: SEKUREID SOLUTIONS CORP.
(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: SEKUREID SOLUTIONS CORP.
Name (Printed or typed)
3137 COMMERCE PKWY
Address
MIRAMAR, FL 33025
City, State & Zip
954-383-0887
Daytime Telephone number
SINO.R.JOS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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: SEKUREID SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3137 COMMERCE PKWY
MIRAMAR, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCO QUINTERO / PRESIDENT

Name and Title: _____

Address: 3137 COMMERCE PKWY
MIRAMAR, FL 33025

Address: _____

Name and Title: SINO JOS / DIRECTOR

Name and Title: _____

Address: 3137 COMMERCE PKWY
MIRAMAR, FL 33025

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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: JOHN L ABITANTE CPA
 Address: 12401 ORANGE DR. SUITE 100C
DAVIE, FL 33330

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN L ABITANTE CPA
 Address: 12401 ORANGE DR. SUITE 100C
DAVIE, FL 33330

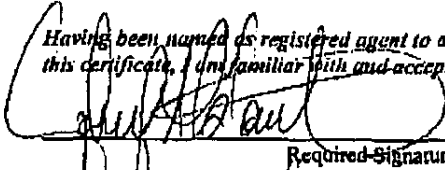
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/22/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

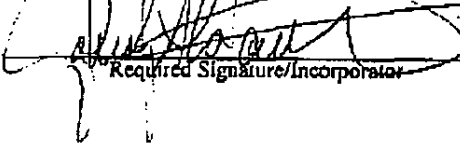
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

03/28/2017
 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

03/28/2017
 Date