

P23000021989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

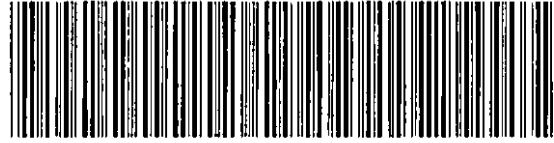
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
MAR 24 2023

03/24/23--03001--023 \*\*87.50

**FILED RECEIVED**  
2023 MAR 24 AM 10:01 2023 MAR 24 AM 8:50  
SECRETARY OF STATE DIRECTOR'S OFFICE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: LUXURY ALARM MONITORING, 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: MATTHEW LEEDS  
Name (Printed or typed)

1901 SW 55TH LANE  
Address

OCALA, FL 34471  
City, State & Zip

352-857-7990  
Daytime Telephone number

MLEEDS19@YAHOO.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: LUXURY ALARM MONITORING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1901 SW 55TH LANE  
OCALA, FL 34471

Mailing address, if different is:  
1901 SW 55TH LANE  
OCALA, FL 34471

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MATTHEW LEEDS, PRESIDENT Name and Title: ROBERT HANSEN, VP

Address: 1901 SW 55TH LANE Address: 1901 SW 55TH LANE  
OCALA, FL 34471 OCALA, FL 34471

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: MATTHEW LEEDS  
Address: 1901 SW 55TH LANE  
OCALA, FL 34471

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MATTHEW LEEDS  
Address: 1901 SW 55TH LANE  
OCALA, FL 34471

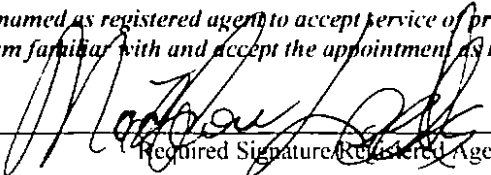
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)**

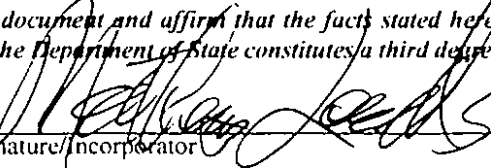
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3-23-2023  
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

3-23-2023  
Date

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TALLAHASSEE, FL