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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

TALLAHASSEE, FL 32399

2020 MAY 23 PM 2:29

ECLIPSE

****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 ECLIPSE CCTV INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 MAY 28 PM 1:49

5/28/2020

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ECLIPSE CCTV INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3900 N. 29TH AVE.
HOLLYWOOD, FL. 33020SAME**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE A. PIMENTEL Name and Title: _____Address: P/T/S/D Address: _____3900 N. 29TH AVE. _____HOLLYWOOD, FL. 33020 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

5/28/2020

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE A. PIMENTEL
Address: 3900 N. 29TH AVE.
HOLLYWOOD, FL. 33020

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: JOSE A. PIMENTEL
Address: 3900 N. 29TH AVE.
HOLLYWOOD, FL. 33020

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: MAY 27, 2020 (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

05/27/2020
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

Date

05/27/2020