

U22000006773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

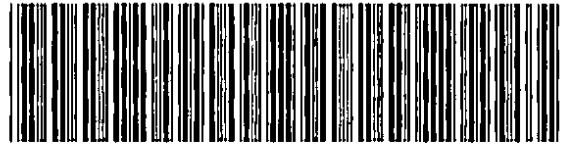
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2022

MARIE COOPER
19774 NW 33 CT
MIAMI GARDENS, FL 33056

*SPELLED WRONG
SECURITY*

SUBJECT: SWEETING'S GRANDS SECURITY SCHOOL
Ref. Number: W22000060872

We have received your document for SWEETING'S GRANDS SECURITY SCHOOL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 922A00010913

f.s. its Sweeting's Grands Security School Inc
NOTE: SECURITY IS SPELLED WRONG

4/8/22

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

SWEEPING GROUNDS SECURITY School INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3606 S. STATE RD. 7 MIAMI, FL. 33023

mailing: 19774 N.W. 33 CT. MIAMI GARDENS 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SECURITY TRAINING, TRAFFIC SCHOOL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: By appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ms. Calvina Sweeping Owner and instructor
19774 N.W. 33 CT. MIAMI GARDENS, FL. 33056

Ms. MARIE Cooper instructor
19774 N.W. 33 CT. MIAMI GARDENS, FL. 33056

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ms. Marie Cooper 19774 N.W. 33 CT. MIAMI GARDENS, FL. 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: MARIE COOPER 19774 N.W. 33 CT.
MIAMI GARDENS, FL.
33056

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.

Marie Cooper
Signature/Registered Agent

04/11/22
Date

Marie Cooper
Signature/Incorporator

04/11/22
Date

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

19774 N.W. 33rd Miami Gardens, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SECURITY TRAINING, TACTICAL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: By appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ms. Patricia Swartz, Director and instructor
19774 N.W. 33rd Miami Gardens, FL 33056

Ms. Marie Cooper, instructor
19774 N.W. 33rd Miami Gardens, FL 33056

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Ms. Marie Cooper 19774 N.W. 33rd Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: MARIE COOPER 19774 N.W. 33rd
MIAMI GARDENS, FL
33056

I, _____, 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

Date

Signature/Incorporator

Date

I affirm that this school has adopted the curriculum as outlined in Rule 5N-1.140(1), Florida Administrative Code, and that all instructors utilized by this school, unless specifically exempted by rule, will be licensed as required by Rule 5N-1.138, Florida Administrative Code. I understand that falsification or misrepresentation of any document may subject me to criminal prosecution under Section 537.06, Florida Statutes.

Maria Cooper
Signature of Applicant

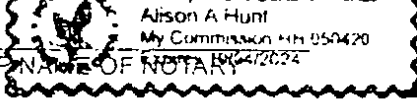
5/11/22
Date Signed

STATE OF FLORIDA
COUNTY OF Polk

The foregoing application was sworn to (or affirmed) and subscribed before me this 11 day of April, 2022 by:

MARIA COOPER
PRINT Name of Applicant

[Signature]
NOTARY SIGNATURE

PRINT, TYPE, OR STAMP NAME OF NOTARY


☐ Personally Known ☒ Produced Identification

Type of Identification Produced FLORIDA DRIVER LICENSE

SECTION IV AFFIRMATION AND NOTARIZATION

I affirm that this school has adopted the curriculum as outlined in Rule 5N-1.140(1), Florida Administrative Code, and that all instructors utilized by this school, unless specifically exempted by rule, will be licensed as required by Rule 5N-1.138, Florida Administrative Code. I understand that falsification or misrepresentation of any document may subject me to criminal prosecution under Section 837.06, Florida Statutes.

Marie Cooper
Signature of Applicant

04/11/22
Date Signed

STATE OF FLORIDA

COUNTY OF PACE

The foregoing application was sworn to (or affirmed) and subscribed before me this 11 day of April, 2022 by:

MARIE COOPER
PRINT Name of Applicant

AO ONT
NOTARY SIGNATURE

☐ Personally Known ☒ Produced Identification

Type of Identification Produced FLORIDA DRIVER LICENSE
Q 160540737651

PRINT, TYPE, OR STAMP NAME OF NOTARY

