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FILED
APR -5 MI 8:13
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

900003136979--4
-04/05/00--01075--003
*****78.75 *****78.75

SUBJECT:

Garcia Security Systems INC.
(Proposed corporate name - must include suffix)

Enclosed is 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:

Scott Alan Garcia

Name (Printed or typed)

P.O. Box 18731

Address

Tampa, FL 33679

City, State & Zip

813- 969- 5336

Daytime Telephone number

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

760 19477

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Garcia Security Systems Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 18731
Tampa, Fl. 33679

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

3303 W. EMPEDRADO ST APT 1
Tampa, Fl. 33629

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Scott Alan Garcia
3303 W. EMPEDRADO ST Apt 1
Tampa, Fl. 33629


Signature/Incorporator

4-1-00

Date

SCOTT A. GARCIA

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

4-1-00

Date

SCOTT A. GARCIA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA