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TRANSMITTAL LETTER

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

400003210794--4
-04/17/00--01038--015
*****78.75 *****78.75

SUBJECT: Surveillance Security Systems, Inc.
(Proposed corporate name - must include suffix)

FILED

00 APR 17 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Gary Miglio
Name (Printed or typed)

2721 haverhill Court
Address

Clearwater, Florida 33761
City, State & Zip

(727) 592-9059 813 478 7000
Daytime Telephone number

NO COPY

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:

Surveillance Security Systems, Inc.

ARTICLE II PRINCIPAL OFFICE

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

13584 49 St N #213
Clearwater, Florida 33762

ARTICLE III SHARES

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

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gary Miglio
2721 Haverhill Court
Clearwater, Florida 33761

ARTICLE V INCORPORATOR

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

Gary Miglio
2721 Haverhill Court
Clearwater, Florida 33761


Signature/Incorporator

3-15-00
Date

(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

3-15-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA