

**P01000013144**

Requester's Name

B.G. VIEA  
1145 SW. FLAGLER ST. No 406  
MIAMI, FL 33174

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

000003563350--2  
-01/23/01--01004--022  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
01 FEB -5 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 24, 2001

B.G. VIERA  
11455 WEST FLAGLER STREET #406  
MIAMI, FL 33174

SUBJECT: OFFICERS ASSOCIATION INCORPORATED                      ASSOCIATES  
SECURITY INC  
Ref. Number: W01000001775

We have received your document for OFFICERS ASSOCIATION INCORPORATED ASSOCIATES SECURITY INC 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 of the entity must be identical throughout the document.

Please return the original and one copy of 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) 487-6928.

Tim Burch  
Document Specialist

Letter Number: 101A00003837

**ARTICLES OF INCORPORATION**

**OF**

**Associates Security Inc.**

**FILED**

**01 FEB -5 PM 3: 27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**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**

The name of the corporation shall be:

**Associates Security Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

**11455 West Flagler Street #406. Miami Florida 33174**

**ARTICLE III SHARES**

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

**Five hundred (500) shares.**

**ARTICLE IV INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

**Barbarito G. Viera, 11455 West Flagler Street # 406 Miami Florida 33174**

**ARTICLE V: OFFICERS & DIRECTORS**

The name and address of the officers and or directors are:

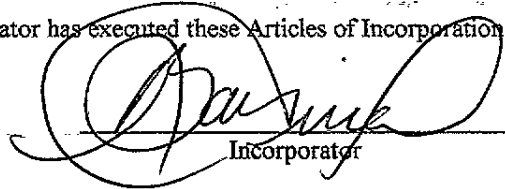
President/Director: **Barbarito G. Viera, 11455 West Flagler # 406 Miami Florida 33174**

**ARTICLE VI INCORPORATOR**

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

Barbarito G. Viera 11455 West Flagler Street # 406 Miami Florida 33174.

The undersigned incorporator has executed these Articles of Incorporation this 26 th day January of 2001.



Incorporator

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**

PURSUANT TO PROVISIONS OF SECTION 607.0901, FLORIDA STATUTE, THE UNDERSIGNED CORPORATION, and ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBROGATE THE FOLLOWING STATEMENT BY DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The Name of the Corporation is:

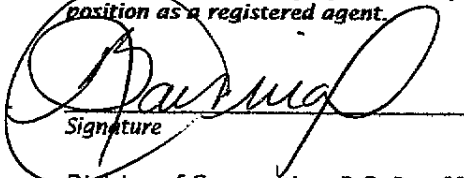
Associates Security Inc.

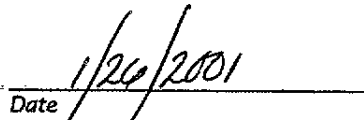
2 The name and address of the registered agent and office is:

Barbarito G. Viera, 11455 West Flagler Street #406 Miami Florida 33174

FILED  
01 FEB -5 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 or 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 a registered agent.*

  
Signature

  
Date

Division of Corporation, P.O. Box 6327, Tallahassee, Florida 32314