

P02000050432
TRANSMITTAL LETTER FILED

02 MAY -6 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Allstar Security, Incorporated.
(Proposed corporate name - must include suffix)

500005316165--4
-04/23/02--01012--006
****131.25 *****87.50

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: Alvin Lewis
Name (printed or typed)
4701 NW 16 Street
Address
Lauderhill, Florida. 33313-5523
City, State & Zip
(954) 731-0695 / (954) 812-9762 Cell Phone
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 26, 2002

ALVIN LEWIS
4701 NW 16 ST
LAUDERHILL, FL 33313-5523

SUBJECT: ALLSTAR SECURITY, INCORPORATED
Ref. Number: W02000012033

We have received your document for ALLSTAR SECURITY, INCORPORATED and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filing Section

Letter Number: 302A00025724

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ARTICLES OF INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

Alliance Security, & Protective Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4701 NW 16 street, Lauderhill, Fla 33313-5523

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Alvin Lewis, 4701 NW 16 street, Lauderhill, Fl.
33313

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Alvin Lewis 4701 NW 16 st, Lauderhill, Fla. 33313-5523

Hm. (954) 731-0695 (Cell) 812-9762-954

Rafael Jorge 19304 NW 45 Avenue, Miami, Fl.

Hm. (305) 621-4501

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of April, 19 2002

Alvin Lewis

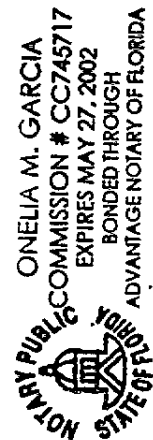
[Signature]
Signature

Rafael Jorge

[Signature]
Signature

Notarized April 11, 2002

[Signature] Notary
Signature



NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Alliance Security & Protective services, Inc.

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

Alvin Lewis

(NAME)

4701 NW 16 Street

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Lauderhill, Fla. 33312-5223

(CITY/STATE/ZIP)

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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 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.

Alvin Lewis

Alvin Lewis
(SIGNATURE)

04/16/02
(DATE)