

TRANSMITTAL LETTER

P020000078949

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 22 AM 10:14

SUBJECT: C.E.S. SECURITY COMPANY
(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

RECEIVED

02 JUL 22 AM 10:10

FROM: JAMES GRAHAM
911 N. MAIN ST. #6
KISSIMMEE FL 34744
407-943-8708

JAMES GRAHAM
Name (Printed or typed)

911 N. MAIN ST. #6
Address

KISSIMMEE FL 34744
City, State & Zip

407-943-8708
Daytime Telephone number

200008545642--6
-07/22/02--01020--004
***192.50 ***78.75

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

g7/22

I JAMES L. GRAHAM HEREBY RELEASES C.E.S.
SECURITY INC. DOCUMENT# PO1000048832 TO
C.E.S. SECURITY COMPANY.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 22 AM 10:14

James L. Graham
PRESIDENT

07/22/02
DATE

DRIVERS LIC # G 650-452-71-215-0



Judy Sadler
MY COMMISSION # DD127124 EXPIRES
January 26, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

Judy Sadler

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: C.F.S. SECURITY COMPANY

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

911 N. MAIN ST. #6
KISSIMMEE FL. 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

JAMES L. GRAHAM 100% PRINCIPAL

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JAMES L. GRAHAM
911 N. MAIN ST. #6
KISSIMMEE FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES L. GRAHAM
911 N. MAIN ST. #6
KISSIMMEE FL. 34744

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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