P02000123565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

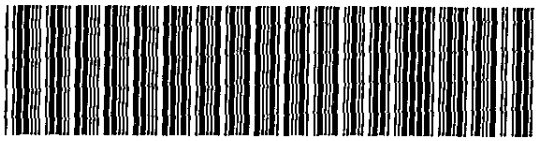
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700008965827

11/18/02--01035--006 **78.00

FILED
02 NOV 18 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/1

TRANSMITTAL LETTER

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

SUBJECT: US security PROTECTION I.N.C.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Amos NOMBRE
Name (Printed or typed)

1999 West Colonial Dr
Address

Orlando Fl 32804
City, State & Zip

407- 581-2547
Daytime Telephone number

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

Mr. Nombre GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV, VI, VII
DATE 11-20-02
DOC. EXAM

ARTICLES OF INCORPORATION

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

FILED

02 NOV 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

US security protection INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1999 West Colonial Dr
Orlando FL 32804 · ROOM-206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

security Compomie

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Amos Nombre: President

ARTICLE VI REGISTERED AGENT

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

2013 Torrey Dr Amos Nombre
Orlando FL 32818

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

1999 West Colonial Dr Amos Nombre
Orlando FL 32804

****

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

Amos Nombre — Signature/Registered Agent — 10/27/02 — Date

Amos Nombre — Signature/Incorporator — 10/27-02 — Date