

P03000045264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

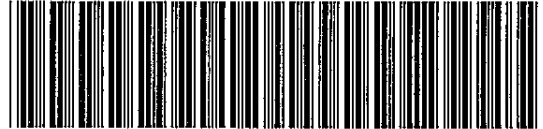
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000015635840

04/23/03--01028--013 **315.00

RECEIVED

FILED

03 APR 23 PM 10:59

03 APR 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ayc4b

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134

City/State/Zip

(305) 444-4994

Phone #

OFFICE USE ONLY

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

1. CUSTOMER SECURITY SERVICES INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:

CUSTOMER SECURITY SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

444 BRICKELL AVE. STE: 730
MIAMI, FL 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOSE ANTONIO ORTIZ SIERRA (P/D)	ADDRESS
JOSE GREGORIO ALVAREZ (V/D)	444 BRICKELL AVE. STE: 730
EMIGDIO HERNANDEZ (D)	MIAMI, FL 33131
MARIA EUGENIA ORTIZ (S/D)	
MARIA ANTONIETA CAMPOLI (D)	

ARTICLE VI REGISTERED AGENT

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


JOSE GREGORIO ALVAREZ
444 BRICKELL AVE. STE: 730
MIAMI, FL 33131

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

JOSE GREGORIO ALVAREZ
EMIGDIO HERNANDEZ
444 BRICKELL AVE. STE: 730, MIAMI, FL 33131

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



Signature/Incorporator

4-22-03

Date

4-22-03

Date

FILED
03 APR 23 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA