

PO3000093168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

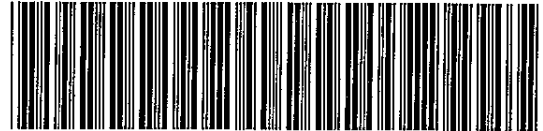
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
03 AUG 21 PM 10:22  
STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

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

**SUBJECT:** D & E Security Systems, Inc.  
(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**

**Scott L. Easterbrook**

Name (Printed or typed)

**25519 Arundel Way**

Address

**Sorrento, FL 32776**

City, State & Zip

**407-260-0712**

Daytime Telephone number

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

**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:

**D & E Security Systems, Inc.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

**744 Industry Rd. Suite B Longwood, FL 32750**

**Mailing Address- P.O. Box 520898 Longwood, FL 32752**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Residential Security System Monitoring**

**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):

**Scott L. Easterbrook - President**

**25519 Arundel Way**

**Sorrento, FL 32776**

**ARTICLE VI REGISTERED AGENT**

**Scott L. Easterbrook**

**25519 Arundel Way**

**Sorrento, FL 32776**

**ARTICLE VII INCORPORATOR**

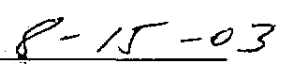
**Scott L. Easterbrook**

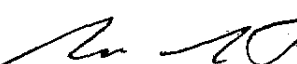
**25519 Arundel Way Sorrento, FL 32776**


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*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