

P04000033888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

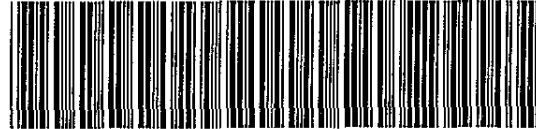
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

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44-20

TRANSMITTAL LETTER

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

SUBJECT: Digital Security International, Inc.
(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: Larry L. Hamilton
Name (Printed or typed)
1808 N. Pine Ave.
Address
Ocala, FL 34475
City, State & Zip
352-622-8400
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:

Digital Security International, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1808 N. PINE AVENUE, OCALA, FL 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The marketing of video surveillance systems

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President	LARRY L. HAMILTON
Vice President	LARRY L. HAMILTON
Secretary	LARRY L. HAMILTON
Treasurer	LARRY L. HAMILTON

ARTICLE VI REGISTERED AGENT

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

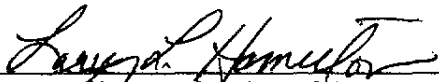
Larry L. Hamilton
1808 N. Pine Ave.
Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Larry L. Hamilton
1808 N. Pine Ave.
Ocala, FL 34475

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

2/17/04

Date



Signature/Incorporator

2/17/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA