

P84800038765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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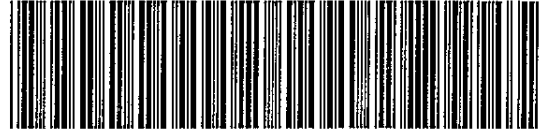
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF REGISTRATION

3-2-04

TRANSMITTAL LETTER

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

SUBJECT: Shield Security Systems 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: MARTINIQUE R. Martens
Name (Printed or typed)

5540 NW EAST TORINO Pkwy #306
Address

PORT ST. LUCIE FL 34986
City, State & Zip

(772) 340-4249
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:

Shield Security Systems Inc

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DIVISION OF CORPORATIONS
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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1335A NW ST. LUCIE WEST BLVD #301
PORT ST. LUCIE, FL 34986-2140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful businesses

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President - Martinique Martens
1335A NW St. Lucie West Blvd. #301
Port St. Lucie, FL 34986-2140

ARTICLE VI REGISTERED AGENT

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

Martinique Martens
5540 NW East Torino Pkwy #306
Port St. Lucie, FL 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martinique Martens
5540 NW East Torino Pkwy #306
Port St. Lucie, FL 34986

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