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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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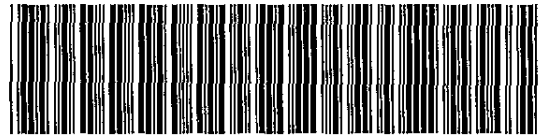
(Business Entity Name)

(Document Number)

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05/13/05--01030--023 **78.75

FILED
05 MAY 13 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAY 13 2005

TRANSMITTAL LETTER

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

SUBJECT: NORTH FL 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: SHANE KENNEDY
Name (Printed or typed)

809 N.W. Ash Drive
Address

LAKE CITY FL 32055
(City, State & Zip)

386-965-0272
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:

North FL Security Systems, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

809 N.W. ASH Drive, LAKE City FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSTALL Security Systems and Locksmith

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHANE Kennedy Pres, v. Pres Secy. Inc.
809 N.W. ASH Drive
LAKE City FL 32055

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

SHANE Kennedy
809 NW ASH DR - LAKE City FL
32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHANE Kennedy
809 NW ASH DR - LAKE City FL
32055

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

5-10-05

Date



Signature/Incorporator

5-10-05

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA