# PD6000013947

(Requestor's Name)	
(Address)	
` ,	
(Address)	
(City/State/Zip/Phone #)	
(City/Ctate/2ip/r Holle#)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
_	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer.	

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ALLAHASSE FF STATE

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HERBCO AUDITING SERVICE, INC 7041 SOUTHWEST 11 STREET PLANTATION, FLORIDA 33317-4113

PHONE

954-791-7041

FAX

954-321-3541

CELL

954-770-7041

E MAIL

hssteinberg@sprintmail.com

January 24, 2006

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

#### Gentlemen:

Enclosed find 2 Articles of Incorporation for: "WE GOT SECURITY, INC"

A check in the amount of \$70.00 is enclosed for costs.

Please send the completed forms to the address listed above at your earliest convenience.

Sincerely,

Herbert B. Steinberg

For The Firm

# ARTICLES OF INCORPORATION

# "WE GOT SECURITY, INC"

## ARTICLE ONE

The name of the corporation is: WE GOT SECURITY, INC

## **ARTICLE TWO**

The address of the corporation is: 27 Lawrence Lakes Drive

Boynton Beach, Florida 33436

CALCON MARCO PARA 25

#### ARTICLE THREE

The number of shares that this corporation is authorized to have outstanding at any one time is 500. All will be common at no par.

#### ARTICLE FOUR

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

Joseph G. Mondo 111

27 Lawrence Lakes Drive

Boynton Beach, Florida 33436

## ARTICLE FIVE

The name and address of the incorporator to these Articles of Incorporation is:

Joseph/G. Mondo 111

27 Lawrence Lakes Drive

Signature/Incorporator

Boynton Beach, Florida 33436

ARTICLE SIX

The corporation shall be deemed to commence it's existence when filed.

ARTICLE SEVEN

The nature of the business is: Wholesale Products

## ARTICLES OF INCORPORATION

# "WE GOT SECURITY, INC"

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

1 20 06 Date

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SECRETARIASSEE, FLORIDA