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TRANSMITTAL LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

	\$70.	00
•		

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

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ADDITIONAL COPY REQUIRED

FROM: DavenPort Securify, INC.
Name (Printed or typed)

27140 Roper Road

Brooksville FL 34602

City, Sigle & Zip

352-39)-3140
Daytime Telephone number

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

w · *	FILED
ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	06 APR -3 AH 8: 23
ARTICLE I NAME The name of the corporation shall be:	SECTIONARY OF STATE TALLAHASSEE, FLORIDA
DAVENPORT Security INC.	
The principal place of business/mailing address is:	
27/40 Roper Road Brooks ville FL 34602 ARTICLE III PURPOSE	
Brooks ville, FL 34602	
The purpose for which the corporation is organized is:	
San 1-it Commont	
Security Company	
ARTICLE IV SHARES The number of shares of stock is:	
100 shares +0#1,00	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s): JACKSON Alexandre President	lost"
27/40 Roper Road	
Brooksville, Fl 34602	
10. 50 July 11. 15460 A	
ARTICLE VI REGISTERED AGENT The name and Florida street address (R.O. Pay NOT assentable) of the	registered agent is:
The name and Florida street address (P.O. Box NOT acceptable) of the	ckson Alexandre
2)140 ROPER ROOL	chson Mexandre
Brooksville FL 34602 ARTICLE VII INCORPORATOR	
ARTICLE VII INCORPÓRATOR	
The <u>name and address</u> of the Incorporator is: JACKSON Alexandre	
27140 Roper Roo-cl	
Brooksville FL 34602	
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
Mark to the state of the state	03/21/01
Signature/Registered Agent	Date
- (-Morelouck + II.	03/26/06
Signature/Incorporator	Date

Signature/Incorporator