

PO6000676501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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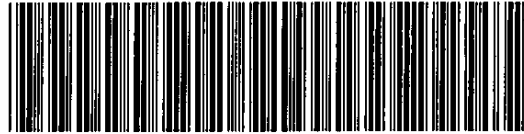
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN 1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/5/06

COVER LETTER

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

SUBJECT: Eagle Security Protection 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: Arthur A. Moss
Name (Printed or typed)

4940 Sherry Street
Address

FT. Myers FL 33905
City, State & Zip

239-694-9619
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:

Eagle Security Protection Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

*H940 Sherry Street
FT. Myers, FL 33905*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Security - Change from Sole Proprietorship To Sub S Corporation
Fictitious Name Already on File*

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):

*Arthur A. Moss, President
H940 Sherry Street
FT. Myers, FL 33905*

ARTICLE VI REGISTERED AGENT

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

*Carmen Moss
H940 Sherry Street
FT. Myers, FL 33905*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Arthur A Moss
H940 Sherry Street
FT Myers, FL 33905*

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

✓ Carmen H Moss

Signature/Registered Agent *Carmen Moss*

5-27-06

Date

✓ Arthur A Moss

Signature/Incorporator *Arthur A. Moss President*

5-27-06

Date

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06 JUN 11 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA