

P06000155283

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(Address)

(City/State/Zip/Phone #)

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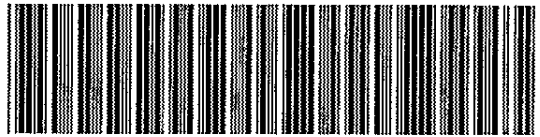
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C.S. 12-20

## COVER LETTER

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

SUBJECT: Lediton Security Seivices

(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: Lediton Petit-Frere

LEDITON PETIT FRERE  
Name (Printed or typed)

264 N.E 141st

Same  
Address

Miami FL 33161

Same  
City, State & Zip

(305)-895-5874

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2006

LEDITON PETIT FRERE  
264 NE 141 ST.  
MIAMI, FL 33161

SUBJECT: LEDITON SECURITY SERVICE AND INC.  
Ref. Number: W06000053695

We have received your document for LEDITON SECURITY SERVICE AND INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

An effective date may be added to the Articles of Incorporation **if a 2007 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 106A00070968

## COVER LETTER

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

**SUBJECT: Lediton Petit-Frere**

(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: Lediton Petit-Frere**

\_\_\_\_\_  
Name (Printed or typed)

**264 N.E 141st**

\_\_\_\_\_  
Address

**Miami FL.33161**

\_\_\_\_\_  
City, State & Zip

**(305)-895-8574**

\_\_\_\_\_  
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:

Lediton Security Services, Corporation

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

264 N.E 141st N.M Florida 33161

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services(s)

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

Lediton Petit-Frere President

## ARTICLE VI REGISTERED AGENT

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

7430 N.E 2AVE Miami FL. 33168 Romanis Charles

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lediton Petit-Frere 264N.E 141st N.Miami FL. 33161

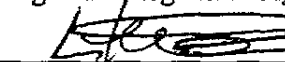
\*\*\*\*\*

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

12/16/06

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

12/16/06

\_\_\_\_\_  
Date

FILED

2006 DEC 20 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA