## P87000089939

| (Requestor's Name)   |  |  |
|--|--|--|
| (Address)  |  |  |
| (Address)  |  |  |
| (City/State/Zip/Phone #)   |  |  |
| PICK-UP WAIT MAIL  |  |  |
| (Business Entity Name)   |  |  |
| (Document Number)  |  |  |
| Certified Copies Certificates of Status  |  |  |
| Special Instructions to Filing Officer:  |  |  |
| Caller Bracket BAVE AUTHORIZATION BY PHONE TO CORRECT GALLELY DATE 8/0/67 DOC. EXAM NICO |  |  |

Office Use Only



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SECRETARY OF STATE
ALL AMASSES ELOBER

MRD 8/10

## COVER LETTER

epartment of State ivision of Corporations 1. O. Box 6327 allahassee, FL 32314 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) nclosed are an original and one (1) copy of the articles of incorporation and a check for: TV\$78.75 \$70.00 **\$78.75 \$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED 1803 PARK HILL DRIVE WEST PALM BEACH, FL. 33417 City, State & Zip 56/- 310 - 0455

Daytime Telephone number

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

| In pompliance with Chapter 607 and/or Chapter 621, F.S. (Profit)   |                                    |
|--|------------------------------------|
| AI TICLE I NAME  |                                    |
| The name of the corporation shall be: C AND C 5EA  | RVICES<br>F THE PALM BEACHES, INC. |
| Ali TICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  |                                    |
| WEST PALM BEACH,   | F1. 33417                          |
| AL TICLE III PURPOSE   | ,                                  |
|  |                                    |
| SUB-S TO PERFORM SECURITY SEA  | PVICES AND/OR                      |
| The purpose for which the corporation is organized is:  SUB-S  TO PERFORM SECURITY SER  CORP.  SERVICES AS RECUTED  STATE OF FLORIDA  ALTICLE IV SHARES  | WITH IN INE                        |
| AT TICLE IV SHARES   |                                    |
| The number of shares of stock is:  |                                    |
| IUD  | 4.0 9                              |
|  |                                    |
| Lis name(s), address(es) and specific title(s):  |                                    |
| Collin 1. BROCKETT PRESIDENT, SEC.   | TREASURER ST.                      |
| 1000 5 5450 1711 21617C  | EEC P                              |
| WEST PAIM BEACH, FL. 33417   | Trong in                           |
| CLIVED. BROCKETT VICE PRESIDE. 1003 PARKAIN DRIVE WEST PALM BEACH, FI. 33 417  | TREASURER PH 3: 58                 |
| WEST PALM BEACH, FI. 33 4/7  | P                                  |
| All TICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the street address (P.O. Box NO |                                    |
| Collin L. Brockett   | ne registered agent is.            |
| 1003 PARKAII DRIVE   |                                    |
| WEST PAIM BEACH, FL. 3341  | 7                                  |
| Al TICLE VII INCORPORATOR  |                                    |
| The name and address of the Incorporator is:   |                                    |
| COILIN L. BROCKETT DRIVE<br>1003 PARK HILL DRIVE<br>WEST PALM BEACH, FL.   |                                    |
| 1003 PARK HILL DRIVE   | <u>-</u><br>334/7                  |
| WEST PALM BEACH, FR  | ,                                  |
| ** :***************  | ********                           |
| Having been named as registered agent to accept service of process for the above seent icate, I am familiar with and accept the appointment as registered agent and ag   |                                    |
| Collin L Swocker President   | 8/1/07                             |
| Cinn strong /D anistana d. A anad  | Date                               |
| Collin C Bucket  | 81.1/07                            |
| Signature/Incorporator   | Date                               |