(Re	equestor's Name)	<u></u>		
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(Cit	ty/State/Zip/Phone	· · #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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# **COVER LETTER**

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

subject: Ezek	(, Inc. (proposed corpora	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the artic	eles of incorporation and	a check for:
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM:	Basil Gordon	Printed or typed)	
	6307 Westgate Drive	ddress	
	Orlando, FL 32835	State & Zip	
	(407)-354-5757  Daytime Te	lephone number	<del> </del>

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:

Ezek, inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6307 Westgate Drive, Orlando, FL 32835

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide investigative, security services

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Basil Gordon 6307 Westgate Drive Orlando, FL 32835

President

2008 FEB -4 PM 1: 44
SECRETARY OF STATE
TALLAHASSEE, FLORID

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Basil Gordon 6307 Westgate Dr.

Orlando, FL 32835

### ARTICLE VII \_ INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Basil Gordon 6307 Westgate Dr. Orlando, FL 32835

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 agreet the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

<u>r 8/</u>

SECRETARY OF STATE TALLAHASSEF FI OBIG.