

PO9000018638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

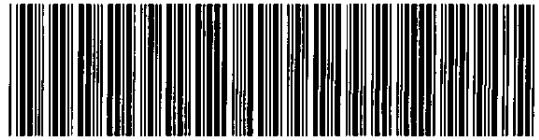
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
2/27

COVER LETTER

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

SUBJECT: SAME DAY ALARM OF TAMPA BAY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: RICHARD KAYIAN

Name (Printed or typed)

425 LITHIA PINECREST RD

Address

BRANDON FL 33511

City, State & Zip

813-377-5355

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:

SAME DAY ALARM OF TAMPA BAY INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3914 N HWY 301 SUITE 400 TAMPA FL 33619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SECURITY SYSTEMS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RICHARD KAYIAN 425 LITHIA PINECREST RD BRANDON FL 33511 TITLE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

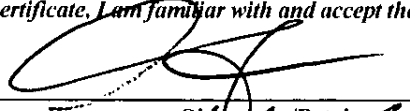
DAVID WEINSTEIN 425 LITHIA PINECREST RD BRANDON FL 33511

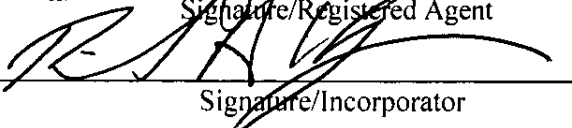
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

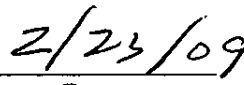
RICHARD KAYIAN 425 LITHIA PINECREST RD BRANDON FL 33511

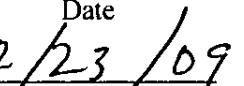
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA