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COVER LETTER

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

SUBJECT:	Local Locksmith, Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM:	Daniel N. Miranda Name (Printed or typed)		
	260 NW 57 AVE. APT 2		
		Address	
	Miami, Fl 33126 City, State & Zip		
	786.619.7052		
	Daytime Telephone number		
	Danny7891@gmail.com E-mail address: (to be used for future annual report notification)		

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:

Local Locksmith Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 260 NW 57 AVE. Apt 2 Miami, FI 33126 (Street Address) 7470 SW 105 TER. Miami, FI 33156 (Mailing Address)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Locksmith services to the general public and commercial businesses.

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):

Daniel N. Miranda, President: 260 NW 57 AVE. APT 2 Miami, FI 33126

ARTICLE VI REGISTERED AGENT

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

Daniel N. Miranda 260 NW 57 AVE. Miami, FI 33126

ARTICLE VII INCORPORATOR

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

Daniel N. Miranda, 260 NW 57 AVE. APT 2 Miami, Fl 33126

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

11 9 10 9 Date

D'ate