

P10000036083

(Requestor's Name)

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(City/State/Zip/Phone #)

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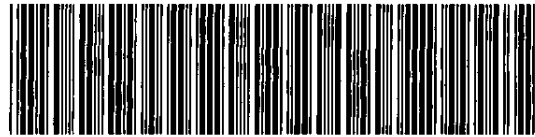
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Chambers and Jones Security Service LLC
(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:

David Bennett

Name (Printed or typed)

135 Legendary Dr. Unit 104

Address

St-Augustine FL 32092

City, State & Zip

904-940-9778

Daytime Telephone number

david.bennett30@yahoo.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:

Chambers and Jones Security Service INC.

ARTICLE II PRINCIPAL OFFICE

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

135 Legendary Dr. Unit 104
St-Augustine FL. 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Security

ARTICLE IV SHARES

The number of shares of stock is: /

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Bennett pres./Dir

ARTICLE VI REGISTERED AGENT

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

David Bennett 135 Legendary Dr. Unit 104
St-Augustine FL. 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Bennett - 135 Legendary Dr. Unit 104
St-Augustine FL. 32092

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

FILED

10 APR 26 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA