

P10000086704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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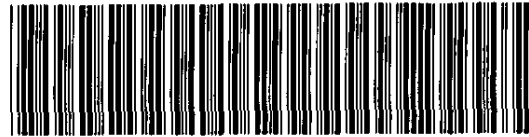
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 29 2010

#; Clarence Moses have the desire to
dissolve MOSES Security Inc. at this time.
10-22-10.

I will not reuse this corporation at any time.

Thanks,

Clarence Moses

10-22-10

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Moses Security Services 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 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: Clarence Moses
Name (Printed or typed)
1747 N.E. Capital Circle #701
Address
Tallahassee, FL 32
City, State & Zip
(850) 284-1128
Daytime Telephone number
Clarence.Moses2@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: Moses security Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

545 E. Tennessee St.
Tallahassee, FL 32303

Mailing address, if different is:

Same address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarissa Moses/Direct Name and Title: _____

Address: 1747 N.E. Capital Circle Address: _____
#701 Tallahassee, FL 32308

Name and Title: Clarence Moses, CEO Name and Title: _____

Address: 1747 N.E. Capital Circle Address: _____
#701 Tallahassee, FL 32308

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Clarence Moses
Address: 1747 N.E. Capital Circle #701
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Moses security Services Inc. (Clarence Moses)
Address: 545 E. Tennessee St. Tallahassee, FL 32303

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:

Clarence Moses
Required Signature/Registered Agent

10-22-10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Clarence Moses
Required Signature/Incorporator

10-22-10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA