P10000086704

(Requestor's Name)

(Address)

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DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

J. Shivers OCT 2? 2010

I, 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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SECRETARY OF STATE
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:

- [X] $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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TALLAHASSEE, FLORIDA

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 32308

Mailing address, if different is: Same address

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a service

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarissa Moses/Direct
Address: 1747 N.E. Capital Circle #701 Tallahassee, FL 32308

Name and Title:
Address:

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

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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 32303

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

Required Signature/Registered Agent — Date: 10-22-10

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.

Required Signature/Incorporator — Date: 10-22-10