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SECRETARY OF STATE

TO NOV IN THE TAIL



COVER LETTER

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

SUBJECT: Walquard Sec Sproposed corpora	curity System INC
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: LEVAN JOS Name	SEDH (Printed or typed)
1332 NW 11	7 Staddress
Miami FL 33	5167 State & Zip
786-859-1180 Daytime To	elephone number
/eww.joseph E-mail address: (to be used	Chotmail. com Tor 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)

The name of the corporati	E on shall be: Walguard S.	ecurity System	INC.	
:	Principal street address 2 NW 117 St. mi FL 33147	Mailing a	Mailing address, if different is:	
ARTICLE III PURP The purpose for which the	ose ne corporation is organized is: security Systems	n Residential a	nd Commerial Pro	
ARTICLE IV SHA The number of shares of s	RES tock is: 100,000.00			
Name and Title: Address:	AL OFFICERS AND/OR DIRECT EVAN JOSEPH - Officer 132 Nul 1175+ Niami FL 33167	Name and Title:		
Name and Title: Address:			SECREDA TALLAHAS	
Name and Title: Address:		Name and Title:Address:	ANNO PA L:	
	STERED AGENT reet address (P.O. Box NOT acceptab	le) of the registered agent is:	A	
Address:	1332 NW 117 St Miami FL 33161 DRPORATOR			
The <u>name and address</u> of Name: Address:	fthe Incorporator is: LEVAN JOSEPH 332 NW 117 St Miami FL 33167			
	egistered agent to accept service of pi liar with and accept the appointment a OOCA Required Signature/Registered Agent	is registered agent and agree to a		
	and affirm that the facts stated hereing the facts of State constitutes a third degree of Required Signature/Incorporator	n are true. I am aware that the		