

P10000101399

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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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: Complete Security Solutions I, 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: Leonard D. MARTINE  
Name (Printed or typed)

P.O. Box 218  
Address

Apalachicola FL 32329  
City, State & Zip

850-896-2179  
Daytime Telephone number

Leonard.martine@martinsecurityagency.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)

EFFECTIVE DATE

1/1/2011

**ARTICLE I NAME**

The name of the corporation shall be: Complete Security Solutions I, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
183 12th St.  
Apalachicola  
FL 32320

Mailing address, if different is:  
Box 218  
Apalachicola  
FL 32329

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To operate as a corporation in the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Leonard D. Martin Name and Title: \_\_\_\_\_  
Address: Box 218 Address: \_\_\_\_\_  
Apalachicola FL 32329  
President

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Leonard Martin  
Address: 115 Ave E  
Apalachicola FL 32320

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Leonard Martin  
Address: 183 12th St  
Apalachicola FL 32320

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

Leonard D. Martin  
Required Signature/Registered Agent

12/16/2010  
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.

Leonard Martin  
Required Signature/Incorporator

12/16/2010  
Date

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10 DEC 16 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA