## P11000000922

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

2544-W10000057747



000188541740

12/13/10--01012--029 \*\*78.75

2011 JAN -3 PH 3: 3?

المجارا

## **COVER LETTER**

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

SUBJECT: Alarm Real Estate, Inc				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:		
Zhelesed are an enginar and one (1) copy of the are			7	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy		
ce confined of Salas	a commed copy	& Certificate of	,	
		Status	ł	
	ADDITIONAL C	OPY REQUIRED	j	
			_	
FROM: Andrea Lee LaFavor				
Name	(Printed or typed)			
10163 South US1				
<i>A</i>	Address			
Port Saint Lucie, Florida	3/052		ди 201	
Port Saint Lucie, Florida 34952 City, State & Zip				3EC
•	•			27) (1) -4
(772) 398-6400			မှ မြ	== ادر خرز ادر خرز
Daytime T	elephone number		PH	
Androsi coPoolEstato®	amoil oom	1	မှ ႏ	ž S
AndreaLeeRealEstate@ E-mail address: (to be used	gman.com d for future annual report	notification)	- အ သ ်	-

NOTE: Please provide the original and one copy of the articles.

1.1



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2010

ANDREA LEE LAFAVOR 10163 SOUTH US 1 PORT SAINT LUCIE, FL 34952

SUBJECT: ALARM, INC Ref. Number: W10000057747 SECRETARY OF STOR

We have received your document for ALARM, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 910A00028903

DIVISION OF CHAPTRAFTS

	VAME Alarm Real Estate, Inc	, , , , , , , , , , , , , , , , , , ,	DIVISILE DE CONTRACTOR
The name of the corp			2011
10	PRINCIPAL OFFICE Principal street address 163 South US1 art Saint Lucie, Florida 34952		2011 JAN - 3 PH 3: 3 Mailing address, if different is:
ARTICLE III P	IIPPOSE		
	ch the corporation is organized is:		
ARTICLE IV S	s of stock is: 100		
	NITIAL OFFICERS AND/OR DIRECTOR ::Andrea Lee LaFavor, CFO, Co-Presider		Pyan Michael Binner, Bresident
Address:	4463 NE Skyline Drive  Jensen Beach, FL 34957	Address:	2779 SE Rawlings Road Port Saint Lucie, FL 34952
Name and Title Address:	9:		e:
Name and Title Address:	):		2:
4 D. M. C. T		_	
	EGISTERED AGENT  1a street address (P.O. Box NOT acceptable) of	ftha ragistared age	mt in
Name: Address:	Andrea Lee LaFavor  4463 NE Skyline Drive Jensen Beach, FL 34957		SIL 15:
ARTICLE VII	NCORPORATOR		
	ess of the Incorporator is:		
Name: Address:	Andrea Lee LaFavor 4463 NE Skyline Drive Jensen Beach, FL 34957	<del>-</del> -	•
Having been named this certificate, I am j	as registered agent to accept service of process familiar with and accept the appointment as reg	s for the above sta istered agent and	ated corporation at the place designated in agree to act in this capacity
Mohua	Required/Signature/Registered Agent		12/24/2010 Date
I submit this docum document to the Depo	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true. I am aware v as provided for i	that the false information submitted in a n.817.155, F.S.
trapic	Required Signature/Incorporator		12/24/2010 Date