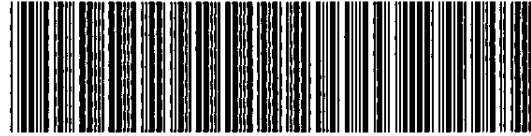


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch 21 2011

**COVER LETTER**

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

**SUBJECT: Sea Air Land Security, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Anne F. Lunsford  
Name (Printed or typed)

305 Clyde Morris Boulevard Suite 190  
Address

Ormond Beach, FL 32174  
City, State & Zip

386-677-8898  
Daytime Telephone number

anne@annelunsford.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)

**ARTICLE I NAME** Sea Air Land Security, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
201 Airport Road  
Suite 1  
Palm Coast, FL 32164

Mailing address, if different is:  
P.O. Box 730996  
Ormond Beach, FL 32173

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
any lawful purpose.

2011 JUL 20 PM 4: 36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: Scott W. Lunsford, President Name and Title: \_\_\_\_\_  
Address: P.O. Box 730996 Address: \_\_\_\_\_  
Ormond Beach, FL 32174 \_\_\_\_\_

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:

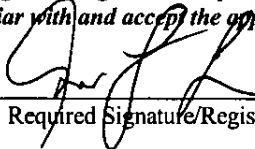
Name: Anne F. Lunsford, PA  
Address: 305 Clyde Morris Blvd Ste 190  
Ormond Beach, FL 32174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Anne Lunsford  
Address: 305 Clyde Morris Blvd Ste 190  
Ormond Beach, FL 32174

*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

7/18/11  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

7/18/11  
\_\_\_\_\_  
Date