## P11000086141

(Requestor's Name)				
(Address)				
(Address)				
(C	City/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
	E11 - O57			
Special Instructions to	o Filing Oπicer:			
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SECRETARY OF STATE

& Burch SEP 3 0 7811

## **COVER LETTER**

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

SUBJECT: SILIAS SECURITY Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee  & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
,				
FROM: ALI TARKAN OCAL Name	(Printed or typed)			
P.O.BOX 15332				
A	Address			
PLANTATION FL 3331	8 State & Zip			
954 235 8592 - 95 4 Daytime To	667 4502 elephone number			
ta1255@aol.com E-mail address: (to be used	for future annual report notification)			

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 SEP 29 PH 1: 21

JINISIBH OF CORPORATIONS

September 13, 2011

ALI TARKAN OCAL PO BOX 15332 PLANTATION, FL 33318

SUBJECT: SILIAS SECURITY INC.

Ref. Number: W11000047103

We have received your document for SILIAS SECURITY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 311A00021138

Division of Compositions D.O. DOV 6997 Well-harms Elevide 99914

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I No.	MAME SILIAS SECURITY Inc.		
4 <u>2</u> #10	RINCIPAL OFFICE Principal street address 10 NW 21 STREET 04 UDERHILL FL 33313	<u>P.O.BOX 15</u>	ng address, if different is: 332 DN FL 33318
V.I.P PROTEC	URPOSE the the corporation is organized is: TION, PERSONAL SECURITY, MA , SEARCH RESCUE MISSION	RITIME SECURI	TY, SAFE PASSAGE
The number of shares  ARTICLE V II	HARES of stock is SINAN KOROGLU 51 SHARES KOTAMAN 10 SHARES NITIAL OFFICERS AND/OR DIRECTOR SINAN KOROGLU - PRESIDENT	s i ua Shara	
Address:	4210 NW 21 STREET #104 LAUDERHILL, FL 33313	Address:	
Name and Title Address:	:ATAMAN CAGRLOZTURK -V.P. 4210 NW 21 STREET # 104 LAUDERHILL FL 33313		29 E
Name and Title Address:	ADNAN KOTAMAN SECRETARY 4210 NW 21 STREET # 104 LAUDERHILL, FL 33313		
ARTICLE VI R The name and Floric Name: Address:	EGISTERED AGENT  la street address (P.O. Box NOT acceptable) of A. TARKAN OCAL  2642 FAST OKALAND PARK BLV	-	
	ET LAUDERDALE FL 33306 VCORPORATOR		
The name and addre Name: Address:	ss of the Incorporator is: SINAN KOROGLU 4210 NW 21 STREET #104 ET LAUDERDALE FL 33313	- - -	
	as registered agent to accept service of process familiar with and accept the appointment as regi		
	Tour las		5/25/2011
-666-7-	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are artiment of State constitutes a third degree felony		
SILLAUF	Tronolia		3/24/2011
	Required Signature/Incorporator		Date