

P11000097202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700211768657

11/07/11--01024--004 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 NOV -7 PM 4: 28

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: Silver Eagle 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Glenn Chastain (Chief, CEO)
Name (Printed or typed)

712 S. 9th St.
Address

Ft. Pierce, FL 34950
City, State & Zip

772-519-8654
Daytime Telephone number

gchastain@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: Silver Eagle Security, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
712 S. 9th St.
Ft. Pierce, FL
34950

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Security Services for gated communities, bussiness, commercial & residential surr. Such as: Security Guard.

ARTICLE IV SHARES

The number of shares of stock is: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Glenn Chastain (Chief)
Address: 712 S. 9th St. (CEO)
Ft. Pierce, FL 34950

Name and Title: Joyce Chastain
Address: (Executive Secretary)
712 S. 9th St.
Ft. Pierce, FL 34950

Name and Title: Mitch Whaley (Deputy Chief)
Address: 4594 Edwards Rd
Ft. Pierce, FL 34981

Name and Title: _____
Address: _____

Name and Title: Marilyn Whaley
Address: (Exec. Operations)
4594 Edwards Rd
Ft. Pierce, FL 34981

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Glenn Chastain
Address: 712 S. 9th St.
Ft. Pierce, FL 34950

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joyce Chastain
Address: 712 S. 9th St.
Ft. Pierce, FL 34950

Having been named as registered agent to accept service of process for the above stated corporation at the place designe this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Glenn Chastain
Required Signature/Registered Agent

11/2/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitte document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joyce Chastain
Required Signature/Incorporator

11/2/11
Date

11 NOV - 7 PM 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA