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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: Golden Security Guard Protective Service  
(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: Tom Azinis  
Name (Printed or typed)

1050 N.W. 14 St # 141  
Address

Miami FL 33136  
City, State & Zip

(786) 587-4622  
Daytime Telephone number

Americanmora222@AOL.com  
E-mail address: (to be used for future annual report notification)

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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

The name of the corporation shall be: Golden security guard protective service Inc

## ARTICLE II PRINCIPAL OFFICE

Principal street address

1050 N.W. 14 St. # 141  
miami fl. 33136

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all legal business in the state of florida

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pedro mora (President)  
Address: 1050 N.W. 14 St. # 141  
miami fl. 33136

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

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

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

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

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: Pablo Martinez  
Address: 1050 N.W. 14 St. # 141  
miami fl. 33136

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tom Trinis  
Address: 1050 N.W. 14 St. # 141  
miami fl. 33136

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

Pablo Martinez  
Required Signature/Registered Agent

11/22/11  
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.

Tom Trinis  
Required Signature/Incorporator

11-22-11  
Date

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