

01200002155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

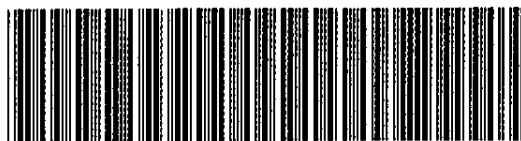
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -6 PM 3:39

PS 1/9/12
11-64035

COVER LETTER

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

SUBJECT: NORAT SECURITY AGENCY, 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: MIRIANNETTE NORAT RUIZ
Name (Printed or typed)

1294 CROW WAY #304
Address

CASSELBERRY FL, 32707
City, State & Zip

619-699-9056
Daytime Telephone number

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

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



RECEIVED

12 JAN -6 PM 3:03

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 28, 2011

MIRIANNETTE NORAT RUIZ
1294 CROW WAY #304
CASSELBERRY, FL 32707

SUBJECT: NORAT SECURITY AGENCY, INC.
Ref. Number: W11000064035

We have received your document for NORAT SECURITY AGENCY, 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):

Please provide an Florida street address for the registered agent and incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 711A00028736

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: **NORAT SECURITY AGENCY, INC.**

12 JAN -6 PM 3:40

ARTICLE II PRINCIPAL OFFICE

Principal street address
1294 CROW WAY #304
CASSELBERRY FL, 32707

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
SECURITY AGENCY

ARTICLE IV SHARES

The number of shares of stock is: **1**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Norat Ruiz, Miriannette - CEO**
Address: **1294 Crow Way, #304**
Casselberry, FL 32707

Name and Title: _____
Address: _____

Name and Title: **Villaseñor David - Manager**
Address: **1294 Crow Way #304**
CASSELBERRY FL 32707

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: **Norat Ruiz, Miriannette**
Address: **1294 Crow Way, #304**
Casselberry, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Norat Ruiz, Miriannette**
Address: **1294 Crow Way, #304**
Casselberry, FL 32707

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

12/21/2011

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

12/21/2011

Date