

P12000003169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

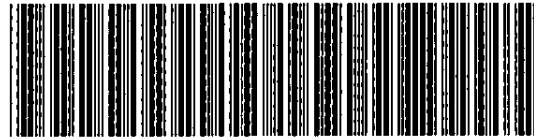
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/11/12--01006--011 **70.00

RECEIVED

12 JAN 11 AM 11:01

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

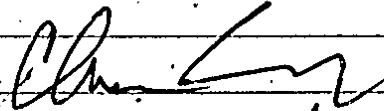
12 JAN 11 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/11/12

01-11-2012

Moses Security Services Inc. was
administratively dissolved and I have
no intentions of reinstating it.



President CEO

CLARENCE MOSES

FILED
12 JAN 11 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Moses Security Services 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: Clarence Moses
Name (Printed or typed)

2402 Clemons Rd A
Address

Tallahassee, FL 32303
City, State & Zip

(850) 284-1128
Daytime Telephone number

Clarence.moses@dvaloo.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

The name of the corporation shall be: Moses Security Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
545 E. Tennessee St.
Suite 120 Tallahassee, FL
32305

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clayissa Moses - Director Name and Title: _____
Address: 1741 NE Capital Circle Address: _____
701 Tall FL 32308

Name and Title: Clarence Moses, CEO Name and Title: _____
Address: 2402 Clemens Rd A Address: _____
Tallahassee, FL 32303

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:

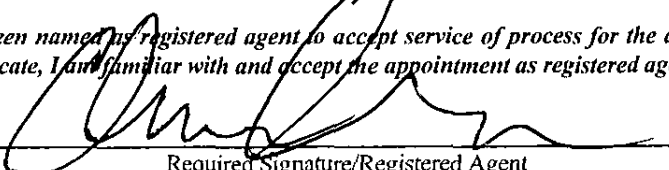
Name: Clarence Moses
Address: 2402 Clemens Rd A
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

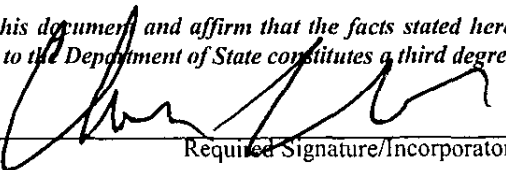
Name: Clarence Moses
Address: 2402 Clemens Rd A
Tallahassee, FL 32303

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

01-11-2012
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

01-11-2012
Date

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12 JAN 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA