Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	>	
To:	Division of corporacions	ASSEE.	(19 PM
From:	Fax Number : (850)617-6381	FLORI	1:2
	Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440	野G.	ţ.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Bmail Address:

FLORIDA PROFIT/NON PROFIT CORPORATION AIR TIGHT ELECTRONICS & SECURITY CORP.

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Electronic Filing Menu

Corporate Filing Menu

Help

11 1 2 0 0 0 0 7 1 4 4 2 ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

JOSZPH A. GOGTAN 15765 SW 206 Due MIDM, FL. 33:87

The undersigned incorporator has executed these Articles of Incor		iis	
19 day of MARCH 2012.	ALC:	72	비슨 모양 보기
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Signature	m greg m	PH	A CONTRACTOR
ARTICLE VI- DIRECTOR (S)	STAT	125	leann.

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Joseph A. Gaetan - President 15765 SW 206 Due MIAM, FL, 33187 Maria José Gaetan Vicepresident

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature