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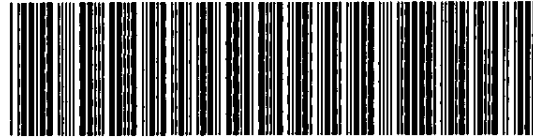
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 04 2012

COVER LETTER

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

SUBJECT: QUIS UT DEUS SAFETY CORPORATION
(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: CARLOS F KASPRZYKOWSKI
Name (Printed or typed)

165 LAKEVIEW DR APT 102
Address

WESTON, FL 33326
City, State & Zip

(954) 655-9386
Daytime Telephone number

FKASPRZY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 **QUIS UT DEUS SAFETY CORPORATION**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
165 LAKEVIEW DR APT 102
WESTON, FL 33326

Mailing address, if different is:

4581 WESTON ROAD #189
WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional training and security services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>CARLOS F KASPRZYKOWSKI, MEMBER</u>	Name and Title:	_____
Address:	<u>165 LAKEVIEW DR APT 102</u>	Address:	_____
	<u>WESTON, FL 33326</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

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: CARLOS F KASPRZYKOWSKI
Address: 4381 WESTON ROAD #189
WESTON, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS F KASPRZYKOWSKI
Address: 165 LAKEVIEW DR APT 102
WESTON, FL 33326

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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

<u><i>Carlos Frederico de Almeida Kasprzyk</i></u>	<u>04/02/2012</u>
Required Signature/Registered Agent	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.

<u><i>Carlos Frederico de Almeida Kasprzyk</i></u>	<u>04/02/2012</u>
Required Signature/Incorporator	Date