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Office Use Only



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DIVISION OF CORPORATIONS

12 JUL 25 AM II: 08

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## **COVER LETTER**

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

## SUBJECT: BIG BROTHER SECURITY SURVEILLANCE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: FRANK GARCIA	(Printed or typed)
8245 LAKE DRIVE, SUIT	TE 405 Address
MIAMI, FL 33166	State & Zip
305-767-8513  Daytime To	elephone number
BIGBROSECURITY@GI E-mail address: (to be used	MAIL.COM I for future annual report notification)

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

ARTICLES OF INCORPORATION FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I	NAME BIG BROTHER SECUI	RITY SURVEILLAN	OF INC:
The name of the	corporation shall be:	TOTAL CONTRACTOR	CE 12 JUL 25 AM II: 08
ARTICLE II	PRINCIPAL OFFICE		
<u> </u>	Principal street address	Mailing	address, if different is:
	8245 LAKE DRIVE SUITE 405		<b>,</b>
	MIAMI. FL 33166		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
	TALLATION		
ARTICLE IV			
The number of sh	nares of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DC	
	Title: FRANK GARCIA, PRES		
Address:	8245 LAKE DRIVE	Name and Title	
Audiess.			<del></del> -
	SUITE 405		
	MIAMI, FL 33166		
Name and	Title:	Name and Title:	
Address:		Address:	·
radios.			
	<del></del>		
Name and	Title:	Name and Title:	
Address:		Address:	
•			
ADTICLE III	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable) o	of the registered exert is:	
Name:	FRANK GARCIA	of the registered agent is:	
Address:		<del>_</del>	
Address.	8245 LAKE DRIVE SUITE 405	<del></del>	
	MIAMI, FL 33166	<del>-</del>	
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	FRANK GARCIA		
Address:	8245 LAKE DRIVE SUITE 405	-	
71441035.	MIAMI, FL 33166	<del></del>	
	WILMAN, I L 35 100	<del></del>	
Having been nai	med as registered agent to accept service of proce.	ss for the above stated coi	poration at the place designated in
	am familiar with and accept the appointment as re		
			, ,
<i>Y</i> .	The same		× 7/13/12
	Required Signature/Registered Agent		Date
	required Signature/Registered Agent		Date .
submit this do	cument and affirm that the facts stated herein ar	e true. I am aware that th	ge false information submitted in a
locument to the	Department of State constitutes a third degree feloi	nv as provided for in s 817	155. F.S.
46		., pro rease jor en 5017	//
(Y 5-			//>/.

Required Signature/Incorporator

V 7/3/12

Date