

P12000072027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

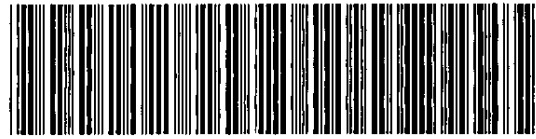
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 AUG 22 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 AUG 22 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 22 2012

COVER LETTER

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

SUBJECT: Nelson Security Incorporation  
(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: Jacob Nelson, Sr.  
Name (Printed or typed)

13614 Capitola Road  
Address

Tallahassee, Florida 32317  
City, State & Zip

850 528 3697  
Daytime Telephone number

\_\_\_\_\_  
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: Jacob Nelson Security, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 13614 Capitala Rd, Tallahassee, Florida 32317

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To organize a new security company to provide jobs in the community.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacob Nelson, Director; Address: 13614 Capitala Road, Tallahassee, Florida 32317

Name and Title: \_\_\_\_\_; Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_; Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_; Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_; Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_; Address: \_\_\_\_\_

FILED AUG 22 PM 3 16 STATE DEPT OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jacob Nelson; Address: 13614 Capitala Road, Tallahassee, Florida 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacob Nelson; Address: 13614 Capitala Road, Tallahassee, Florida 32317

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

Jacob Nelson

Required Signature/Registered Agent

8/21/12

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.

Jacob Nelson

Required Signature/Incorporator

8/21/12

Date