

PB000026632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

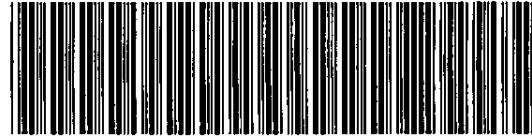
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000245811000

03/21/13--01007--005 **78.75

FILED
13 MAR 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/22
9

COVER LETTER

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

SUBJECT: Broadsword Security 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: Dimitri Corcino

Name (Printed or typed)

16927 SW 141 Avenue

Address

Miami, Florida 33177

City, State & Zip

(787) 247-9468

Daytime Telephone number

corcinod@aol.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: Broadsword Security Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16927 SW 141 Avenue
Miami, Florida, 33177

Mailing address, if different is:

16927 SW 141 Avenue
Miami, Florida, 33177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This incorporation may engage in any activity or business permitted under the Florida Law of the United States of America and the Law of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares of (\$1.00) dollar each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dimitri Corcino-President

Address: 16927 SW 141 Avenue
Miami, Florida, 33177

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
13 MAR 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Dimitri Corcino
Address: 16927 SW 141 Avenue
Miami, Florida, 33177

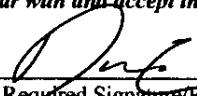
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dimitri Corcino
Address: 16927 SW 141 Avenue
Miami, Florida, 33177

FILED
13 MAR 21 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3/18/2013

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

3/18/2013

Date