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TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: Wilfred Security Agency, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Wilfred C. Carrington Sr.  
Name (Printed or typed)

11403 Leanne Lane  
Address

Tampa, Florida 33637  
City, State & Zip

(813) 516-8721  
Daytime Telephone number

Cornell12424@yahoo.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: Wilfred Security Agency, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11403 Leanne Lane

Tampa, Florida 33637

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide security for businesses.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Wilfred C. Carrington Sr

Name and Title: Dion Thomas

Address: Chairman, Director

Address: President, Director

11403 Leanne Lane

8830 Crestview Dr. Apt. D

Tampa, Florida 33637

Tampa, Florida 33604

Name and Title: Shari Lowe Kennerdy

Name and Title: Dennis Grady

Address: Secretary, Treasurer

Address: Vice President, Director

11403 Leanne Lane

8805 Adkins Court Apt. 206

Tampa, Florida 33637

Tampa, Florida 33615

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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: Wilfred C. Carrington Sr.  
Address: 11403 Leanne Lane  
Tampa, Florida 33637

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wilfred C. Carrington Sr.  
Address: 11403 Leanne Lane  
Tampa, Florida 33637

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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*

Wilfred C. Carrington Sr. 4/03/13  
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.*

Wilfred C. Carrington Sr. 4/03/13  
Required Signature/Incorporator Date