

P13000043295

(Requestor's Name)

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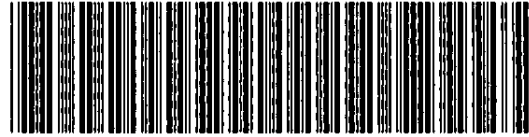
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
5/16/13

COVER LETTER

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

SUBJECT: Security Equipment Innovation, 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 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: HAIYANG LI
Name (Printed or typed)
915 NW 1ST AVE UNIT H1410
Address
MIAMI FL 33136
City, State & Zip
773-551-6311
Daytime Telephone number
sequipinno@gmail.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: Security Equipment Innovation, INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

915 NW 1ST AVE

MIAMI FL 33136

Mailing address, if different is: 13 MAY 13 PM 4:11

HAIYANG LI SECRETARY OF STATE
TALLAHASSEE, FLORIDA
915 NW 1ST AVE UNIT H1410

MIAMI FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: planning to offer a complete selection of
high quality outdoor gear and modular pouches.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAIYANG LI
Address: 915 NW 1ST AVE UNIT 1410
MIAMI FL 33136

Name and Title: JINGFENG LIU
Address: 915 NW 1ST AVE UNIT 1410
MIAMI FL 33136

Name and Title: WEIXING AN
Address: 915 NW 1ST AVE UNIT 1410
MIAMI FL 33136

Name and Title: JIANJUN LIU
Address: 915 NW 1ST AVE UNIT 1410
MIAMI FL 33136

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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**SECRETARY 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: _____

HAIYANG LI

Address: _____

915 NW 1ST AVE UNIT 1410

MIAMI FL 33136

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: _____

HAIYANG LI

Address: _____

915 NW 1ST AVE UNIT 1410

MIAMI FL 33136

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

Haiyangli

Required Signature/Registered Agent

5/6/2013

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.

Haiyangli

Required Signature/Incorporator

5/6/2013

Date