

P13000044523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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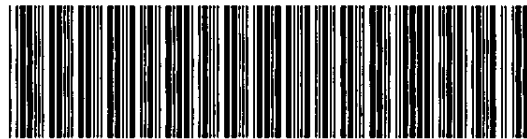
(Business Entity Name)

(Document Number)

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

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13 MAY 20 PM 4:06  
SECRETARY  
TALLAHASSEE, FL

1 Burch MAY 21 2013

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## COVER LETTER

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

SUBJECT: **GSP Security Consultants, 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: **Elizabeth B. Dombovary**

Name (Printed or typed)

**80 SW 8th ST, Suite 3100**

Address

**Miami, FL 33130**

City, State & Zip

**305-810-2831**

Daytime Telephone number

**georgepontigo@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: GSP Security Consultants, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2790 NE 9th ST

Pompano Beach, FL 33062

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: George Pontigo, President

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

Address 2790 NE 9th ST

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

Pompano Beach, FL 33062

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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13 MAY 20 PM 4:06  
CLERK OF DISTRICT COURT  
1st DISTRICT  
JACKSONVILLE, 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: GARBETT, STIPHANY, ALLEN & ROZA, P.A.

Address: 80 SW 8th ST, Suite 3100  
Miami, FL 33130

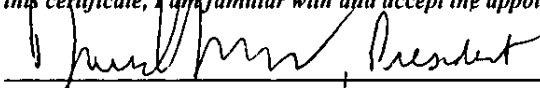
**ARTICLE VII INCORPORATOR**

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

Name: Elizabeth B. Dombovary  
Address: 80 SW 8th ST, Suite 3100  
Miami, FL 33130

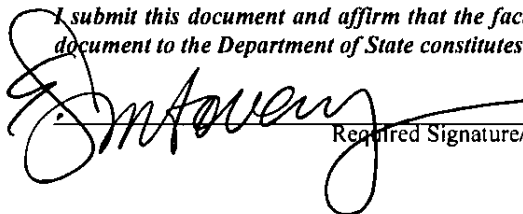
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SECRETARY OF STATE  
TALLAHASSEE, FL

*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

5/15/2013  
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

5/15/2013  
Date