

P13000048185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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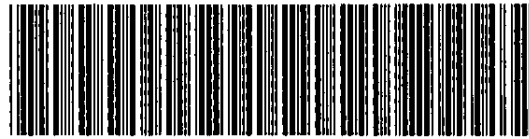
(Business Entity Name)

(Document Number)

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FILED  
13 JUN -3 PM 4:26  
STATE OF FLORIDA  
TALLAHASSEE, FL

W13-29090

T. Bureh JUN 4 2013

*Push*

## COVER LETTER

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

SUBJECT: **SAFE SOURCE ONE, 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: **RICKY CHENG**

Name (Printed or typed)

**2772 NE 30 AVE UNIT 6C**

Address

**LIGHTHOUSE POINT, FL 33064**

City, State & Zip

**561-436-5627**

Daytime Telephone number

**safesourceone@yahoo.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2013

RICKEY CHENG  
2772 NE 30 AVE UNIT 6C  
LIGHTHOUSE POINT, FL 33064

SUBJECT: SAFE SOURCE ONE, INC.  
Ref. Number: W13000029090

RECEIVED  
13 JUN -3 PM 4:10  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for SAFE SOURCE ONE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 013A00012467

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: Safe Source One, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2772 NE 30 AVE

unit 6C

Lighthouse point, FL 33064

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: manufacture of electronic security device  
for boat.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ricky Cheng (president)

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

Address 2772 NE 30 AVE

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

unit 6C

Lighthouse point, FL 33064

Name and Title: Aart Van Hooren (V. president)

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

Address 2772 NE 30 AVE

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

unit 6C

Light house point, FL 33064

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

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

Address \_\_\_\_\_

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

(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: Ricky Cheng  
Address: 2772 NE 30 AVE Unit 6C  
Lighthouse point, FL 33064

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Ricky Cheng  
Address: 2772 NE 30 AVE UNIT 6 C  
Lighthouse point, FL 33064

*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.817.133, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5/15/2013  
Date

FILED  
13 JUN -3 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FL