

P13000058884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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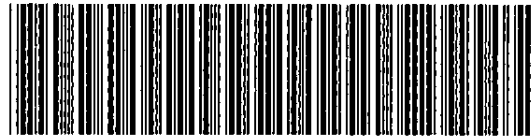
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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13 JUL 15 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/15/13

COVER LETTER

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

SUBJECT: CPM Management of Florida
(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: LEONARD D. MARTIN
Name (Printed or typed)

4399 COMMONS DR. EAST SUITE #300
Address

Destin Florida 32541
City, State & Zip

850-896-2179
Daytime Telephone number

leonard@completeSecuritySolutions1.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE FLORIDA

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: EPM Management of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4399 Commons DR. East
Suite #300
Destin Fl. 32541

P.O. Box 403
Destin Florida
32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO DO BUSINESS as A
cleaning company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARD MARTIN/president Name and Title: _____

Address: 4399 Commons Address: _____
DR. East Suite #300
Destin Fl. 32541

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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10 JUL 15 AM 10:35

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: _____

LEONARD MARTIN

Address: _____

4399 COMMONS DR EAST Suite #300
Destin FL 32541

ARTICLE VII INCORPORATOR

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

Name: _____

LEONARD MARTIN

Address: _____

4399 COMMONS DR EAST Suite #300
Destin FL 32541

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

Leonard Martin

Required Signature/Registered Agent

7/15/13

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.

Leonard Martin

Required Signature/Incorporator

7/15/13

Date