

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne) .
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u> </u>





07/15/13--01030--010 **/8.75





COVER LETTER

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

10

SUBJECT: Guardian Pro Home Watch Services, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles 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 CO	PY REQUIRED

OM:	Julie Trimpe
···.	Name (Printed or typed)
	P.O. Box 50332
	Address
	Sarasota, FL 34232
	City, State & Zip
	941-356-4688
	Daytime Telephone number
	jutrimpe@verizon.net
	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)

RTICLE II PR	Principal street address	М	failing address, if differe	ent is:
831 Ringling	g Blvd.,Bldg B		······································	13 1
uite 203D		<u></u>		-
arasota, FL	. 34237			2
RTICLE III PU	RPOSE to provi	do homo w	atch convices	Ý
	n the corporation is organized is:	de Holfle W	alch services	
property o	wners.			
RTICLE IV SI	IARES 100			
RTICLE IV SI	HARES of stock is:			
e number of shares	ITIAL OFFICERS AND/OR DIRECTOR	<u> </u>		
e number of shares	ITIAL OFFICERS AND/OR DIRECTOR			
RTICLE V IN		Name and Title:		
e number of shares	ITTIAL OFFICERS AND/OR DIRECTOR tle: Edward Montgomery			
RTICLE V IN	ETTIAL OFFICERS AND/OR DIRECTOR tile: Edward Montgomery President 1030 Villagio Circle # 101	Name and Title:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237	Name and Title:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237	Name and Title:_ Address:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe	Name and Title: Address: Name and Title:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe	Name and Title:_ Address:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe Secretary/ Treasurer P.O. Box 50332	Name and Title: Address: Name and Title:		
RTTCLE V IN Name and Ti Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe Secretary/ Treasurer	Name and Title: Address: Name and Title:		
Name and Tit Address Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe Secretary/ Treasurer P.O. Box 50332 Sarasota, FL 34232	Name and Title: Address: Name and Title: Address:		
Name and Tit Address Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe Secretary/ Treasurer P.O. Box 50332	Name and Title: Address: Name and Title: Address:		
Name and Tit Address Address	President 1030 Villagio Circle # 101 Sarasota, FL 34237 Julie Trimpe Secretary/ Treasurer P.O. Box 50332 Sarasota, FL 34232	Name and Title: Address: Name and Title: Address: Name and Title:		

Name	and Title:	Name and Title:	
Addr	ess	Address:	
ARTICLE V			
The <u>name and</u>	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Julie Trimpe		
Address:	2831 Ringling Blvd,Bldg B # 203D	_	
	Sarasota, FL 34237		
ARTICLE V	II INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	Julie Trimpe		
Address:	P.O. Box 50332	_	
	Sarasota, FL 34232	_	
Having been this certificate	named as registered agent to accept service of process, I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in sistered agent and agree to act in this capacity	
	F.D. 5-TT	July 11, 2013	
	Required Signature/Registered Agent	Date	
I submit this document to the	document and affirm that the facts stated herein are he Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.	
	o T	July 11, 2013	
	Required Signature/Incorporator	Date	

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		e (Printed or typed)	
<u> </u>	O. Box 50332	Address	
Sa	arasota, FL 342	32 State & Zip	
94	1-356-4688	•	
	Daytime 7	Telephone number	
jut	rimpe@verizon.net E-mail address: (to be use	ed for future annual report	notification)

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