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COVER LETTER

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

SUBJECT: CLO	RIDA PATROL SECUR		·
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		MODITION IE CO	- TREQUIRED
FROM: C	CILIO CRUZ		
	Name	(Printed or typed)	
24	435 NW 32 STRE	ET	
	A	ddress	
M	IAMI, FL 33142		
	City,	State & Zip	
78	86-5259921		
	Daytime Te	elephone number	

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

ANDREWALV1292@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporat	E FLORIDA PATROL SE ion shall be:	CURITY AND INVES	STIGATIONS, INC
<u>ARTICLE II PRII</u> 2435 NW 32 S	Principal street address	Mailing a	ddress, if different is:
MIAMI, FL 33			
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	PANY THAT OFFERS SECURITY PATROL	BODY GUARDS AND INVESTIGATION SERVICES
ARTICLE IV SHA The number of shares of s	RES 100	· · · · · · · · · · · · · · · · · · ·	ATTENDED TO THE SECOND TO THE SECOND THE SEC
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR OCILIO CRUZ, PRESIDENT		PH 4: 27 OF STATE OF FLORIDA
Address	2435 NW 32 ST	Address:	
	MIAMI, FL 33142	<u> </u>	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and FI Name:	<u>REGISTERED AGENT</u> l <mark>orida street address</mark> (P.O. Box NOT acceptab OCILIO CRUZ	le) of the registered agent is:
Address:	2435 NW 32 ST	ALC: SO
	MIAMI, FL 33142	
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	OCILIO CRUZ	OF T
Address:	2435 NW 32 ST	
	MIAMI, FL 33142	
Having been nan this certificate, I	am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity 09/26/2013
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
	Required Signature/Incorporator	09/26/2013 Date