

P. 1300086566

(Requestor's Name)

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☐ PICK-UP

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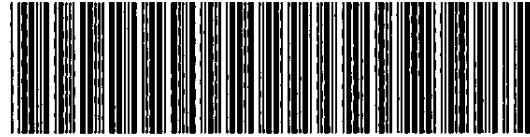
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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10/18/13--01007--008 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 AM 9:26

[Handwritten signature]
10/18/13

COVER LETTER

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

SUBJECT: Bailey Security Systems, 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: Mr. Larry Bailey

Name (Printed or typed)

399 Autumn Breeze Way

Address

Winter Park, FL 32792

City, State & Zip

(404) 997-9257

Daytime Telephone number

larry.baileyjr6@gmail.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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 18 AM 9:26

ARTICLE I NAME

The name of the corporation shall be: BAILEY SECURITY SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

399 Autumn Breeze Way
Winter Park, FL 32792

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For distribution of patent products in the security systems industry.

ARTICLE IV SHARES

The number of shares of stock is: 5,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry Bailey - CEO/CMSO

Name and Title: Russell Case - CTO

Address 399 Autumn Breeze Way
Winter Park, FL 32792

Address: 399 Autumn Breeze Way
Winter Park, Fl 32792

Name and Title: David Stacey - CFO

Name and Title: _____

Address 399 Autumn Breeze Way
Winter Park, Fl 32792

Address: _____

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: LARRY BAILEY
Address: 399 AUTUMN BREEZE WAY
WINTER PARK, FL 32792

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mr. Larry Bailey
Address: 399 Autumn Breeze Way
Winter Park, FL 32792

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
15 OCT 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.

Required Signature/Incorporator
15 OCT 13
Date