



**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  
18 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** 5,000,000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	<u>Larry Bailey - CEO/CMSO</u>	Name and Title:	<u>Russell Case - CTO</u>
Address	<u>399 Autumn Breeze Way</u>	Address:	<u>399 Autumn Breeze Way</u>
	<u>Winter Park, FL 32792</u>		<u>Winter Park, Fl 32792</u>

Name and Title:	<u>David Stacey - CFO</u>	Name and Title:	_____
Address	<u>399 Autumn Breeze Way</u>	Address:	_____
	<u>Winter Park, Fl 32792</u>		_____

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**

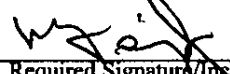
The name and address of the Incorporator is:

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*

<u></u>	<u>15OCT13</u>
Required Signature/Registered Agent	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.*

<u></u>	<u>15OCT13</u>
Required Signature/Incorporator	Date