

P/4000 25940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

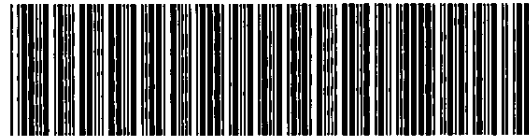
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Certificates of Status

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14 MAR 21 PM 2:20
RECEIVED
DIVISION OF CORPORATIONS

3 24/14

COVER LETTER

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

SUBJECT: NDL SECURITY SERVICES 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Noel Diaz Leon

Name (Printed or typed)

158 Nw 85 CT

Address

Miami, Florida & 33126

City, State & Zip

786-273-5599

Daytime Telephone number

diazleo2001@yahoo.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)

FLA
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 21 PM 2:20

ARTICLE I NAME

The name of the corporation shall be: **NDL SECURITY SERVICES INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

158 NW 85 CT MIAMI FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To provide security services and manufacturing services.**

ARTICLE IV SHARES 1

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Noel Diaz Leon** Name and Title: _____

Address **158 nw 85 ct Miami FL 33126** Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Noel Diaz Leon
Address: 158 nw 85 ct Miami FL
33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Noel Diaz Leon
Address: 158 nw 85 ct Miami FL
33126

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

03/16/2014

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

03/16/2014

Date