

P/4000032144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

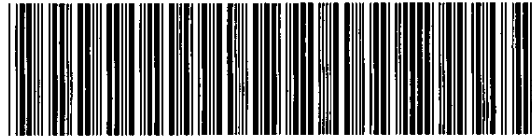
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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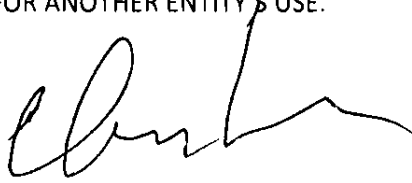
04/10/14--01014--026 **70.00

RECEIVED
14 APR 10 PM 12:16
DIVISION OF CORPORATE AFFAIRS

APPROVED
AND
FILED
14 APR 10 PM 12:31
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

K 04/10/14

I, CLARENCE MOSES, PRESIDENT OF "MOSES SECURITY SERVICES INC." (DOC# P12000003169)
HAVE NO INTENTION TO REINSTATE THE ADMINISTRATIVELY DISSOLVED ENTITY; THEREFORE RELEASING
THE NAME FOR ANOTHER ENTITY'S USE.



CLARENCE MOSES
4948 SIX OAKS DR., SUITE #1
TALLAHASSEE, FL 32303

APPROVED
AND
FILED

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STATE
OF
FLORIDA

COVER LETTER

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

SUBJECT: Moses 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
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: Clarence Moses
Name (Printed or typed)

4948 Six Oaks Dr. Suite #1
Address

Tallahassee, FL 32303
City, State & Zip

850 284-1128
Daytime Telephone number

moses guards 2011@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)

ARTICLE I NAME

The name of the corporation shall be: Moses Security Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4948 Six Oaks Dr Suite
1 Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Security Services

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ARTICLE IV SHARES

The number of shares of stock is: 01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Moses
President

Address

4948 Six Oaks Dr.
Tallahassee, FL 32303

Name and Title: Miranda Paschal/Secretary

Address:

4948 Six Oaks Dr. Suite 1
Tallahassee, FL 32303

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

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: Clarence Mose Jr
Address: 2000 N Meridian Rd #302
Tallahassee, FL 32302

[Handwritten signature]

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Clarence Mose Jr
Address: 2000 N Meridian Rd #302
Tallahassee, FL 32302

[Handwritten signature]

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

[Handwritten signature]
Required Signature/Registered Agent

04/10/14
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.

[Handwritten signature]
Required Signature/Incorporator

04/10/14
Date