

P14000040533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

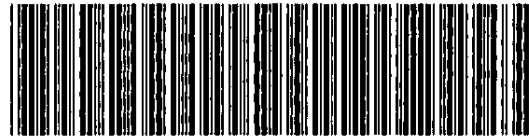
(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -5 PM 12:44

**COVER LETTER**

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

**SUBJECT: SEKTCOMP, 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: Hector Sanchez**

Name (Printed or typed)

**464 Cresta Circle**

Address

**West Palm Beach, FL 33413**

City, State & Zip

**(561) 215-0742**

Daytime Telephone number

**sanchezh68@comcast.net**

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: SEKTCOMP, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

464 Cresta Circle

West Palm Beach, FL 33413

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to provide consulting services in the areas of Operational Security and Compliance.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Hector Sanchez, Director

Address: 464 Cresta Circle  
West Palm Beach, FL 33413

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

14 MAY - 5 PM 12:46

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

(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: Hector Sanchez  
Address: 464 Cresta Circle  
West Palm Beach, FL 33413

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hector Sanchez  
Address: 464 Cresta Circle  
West Palm Beach, FL 33413

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DIVISION OF CORPORATIONS  
14 MAY - 5 PM 12:44

*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

May 1st, 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

May 1st, 2014.

\_\_\_\_\_  
Date