

P14000044128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

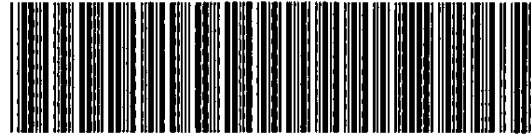
Certified Copies _____ Certificates of Status _____

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05/16/14--01001--006 **70.00

FILED
14 MAY 16 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Surveillance Camera Company, 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: Michael Betancourt
Name (Printed or typed)

1264 SE Illusion Isle Way
Address

Stuart, FL 34997
City, State & Zip

(86) 316 8936
Daytime Telephone number

MBetancourt@OJALAWINE.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: Surveillance Camera Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1264 SE Illusion Isle way
Stuart, FL 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail, Wholesale,
Distribute Surveillance Camera Systems.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Betancourt Name and Title: Francisco Costa

Address: President Address: Vice President

1264 SE Illusion Isle way
Stuart, FL 34997

3104 NW 99th Ct
Doral, FL 33172

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(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:

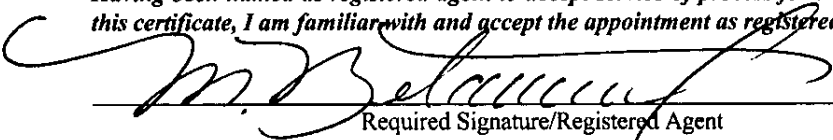
Name: Michael Betancourt
Address: 1264 SE Illusion Isle way
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

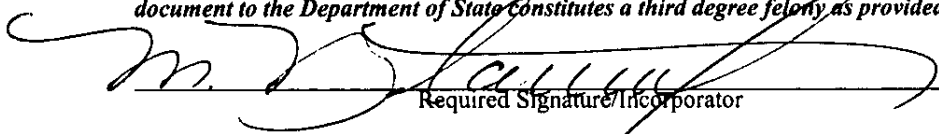
Name: Michael Betancourt
Address: 1264 SE Illusion Isle way
Stuart, FL 34997

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

5/8/14
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.


Required Signature/Incorporator

5/8/14
Date