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(Requestor's Name)

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(City/State/Zip/Phone #)

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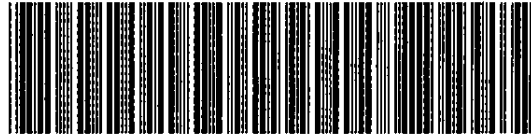
(Business Entity Name)

(Document Number)

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14 MAY 19 AM 11:12
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

gr 5/20/14

COVER LETTER

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

SUBJECT: Public Safety Software 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 ☐ \$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: C. Douglas Jones

Name (Printed or typed)

201 S. Ocean Grande Drive, #102

Address

Ponte Vedra Beach, Florida 32082

City, State & Zip

904.599.6318

Daytime Telephone number

dougjones8222@gmail.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: Public Safety Software Systems, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA
Mailing address, if different is:

201 S. Ocean Grande Drive, #102

Ponte Vedra Beach, Fl 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Distribution of computer software systems to law enforcement and public safety agencies throughout the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judy E. Jones, President

Name and Title: _____

Address 201 S. Ocean Grande Drive, #102

Address: _____

Ponte Vedra Beach, FL 32082

Name and Title: C. Douglas Jones, Vice President

Name and Title: _____

Address 201 S. Ocean Grande Drive, #102

Address: _____

Ponte Vedra Beach, Fl 32082

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: C. Douglas Jones

Address: 201 S. Ocean Grande Drive, #102

Ponte Vedra Beach, Fl 32082

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C. Douglas Jones

Address: 201 S. Ocean Grande Drive, #102

Ponte Vedra Beach, Fl 32082

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TALLAHASSEE, FLORIDA

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

C. Douglas Jones
C. Douglas Jones

Required Signature/Registered Agent

05/01/2014
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

C. Douglas Jones
C. Douglas Jones

Date 05/01/2014