

P14000058047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

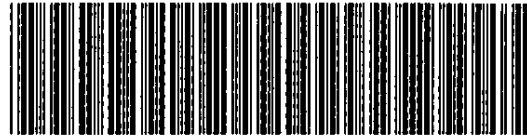
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/20/14--01015--004 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL -7 PM 2:47

APPROVED  
AND  
FILED

UH

## COVER LETTER

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

**SUBJECT:** Home Sentinel 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:** Cynthia Noonan

Name (Printed or typed)

1916 21st Ave

Address

Vero Beach, FL 32960

City, State & Zip

772-532-3479

Daytime Telephone number

cynthia.noonan@comcast.net

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

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2014

CYNTHIA NOONAN  
1916 21ST AVE  
VERO BEACH, FL 32960

SUBJECT: HOME SENTINEL SERVICES, INC.  
Ref. Number: W14000039288

We have received your document for HOME SENTINEL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 214A00013658

APPROVED  
AND  
FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

14 JUL -7 PM 2:47

**ARTICLE I NAME**

The name of the corporation shall be: Home Sentinel Services, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

Cynthia Noonan

1916 21st Ave

Vero Beach, FL 32960

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide home watch and  
concierge services to homeowners located along the  
Treasure Coast of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Cynthia Noonan, President

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

Address 1916 21st Ave.

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

Vero Beach, FL 32960

Name and Title: Ray Tarpley, Secretary

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

Address 1620 6th Ave.

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

Vero Beach, FL 32960

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

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

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AND  
FILED

(cont.)

14 JUL -7 PM 2:47

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CYNTHIA NOONAN  
Address: 1916 21st Ave  
VERO BEACH FL 32960

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cynthia Noonan  
Address: 1916 21st Ave.  
Vero Beach, FL 32960

*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*

Cynthia Noonan  
Required Signature/Registered Agent

6/30/14  
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.*

Cynthia Noonan  
Required Signature/Incorporator

6/17/14  
Date