

PK4000061586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

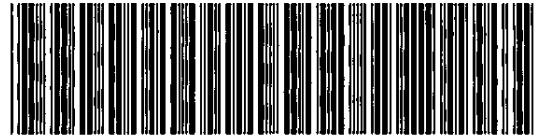
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 7/22

COVER LETTER

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

SUBJECT: City Safe Networks, 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: Brandon Butts
Name (Printed or typed)
38501 5th Avenue
Address
Zephyrhills, FL 33542
City, State & Zip
813-312-4314
Daytime Telephone number
bryanna@quiet-zone.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:

City Safe Networks, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different, is:

38501 5th Avenue

Zephyrhills, FL 33542

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide stability and safety in a
time or crisis and confusion by using the latest technology to
bring the community together, despite the disaster at hand.
Whether it be acts of God, or acts of man, our infrastructure
will be the lifeline you and your family can count on.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brandon Butts, President

Name and Title: _____

Address: 38501 5th Avenue

Address: _____

Zephyrhills, FL 33542

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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: Brandon Butts

Address: 38501 5th Avenue

Zephyrhills, FL 33542

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brandon Butts

Address: 38501 5th Avenue

Zephyrhills, FL 33542

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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



Required Signature/Registered Agent

7-17-14

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

7-17-14

Date