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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION TECHSHIELD SECURITY SYSTEMS CORP

Certificate of Status	0
Certified Copy	1
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S. GILBERT

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:	
Techshield Security Systems	Corr
ARTICLE II PRINCIPAL OFFICE:	1
The principal street address and mailing address is:  -(P) 236 5W 22 AVC	<u> </u>
MIAMI FL 33135 -(M) 5180 SW 4ST	· · · · ·
MIAMI FL 3313 4  ARTICLE III SHARES: The number of shares of stock is: 100	<del>-</del>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: ROBERT NOVO III (P)	
	MON 7
	-6- PH
	1.3: 07
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD	RESS:
The name and Florida street address (PO Box not acceptable) of the registered RODETH NOVO III	agent is:
230 SW 22 Ave	<del></del>
MIAMI FL 33135	<del></del> :
A TOTAL TOTAL CONTROL ATOR. The name and address of the Import	

ROBERT NOVO III

236 SW 22 AVE

MIGMI FL 33135

## Required Signatures:

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

Registered Agent 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.

Incorporator

Date