

P 14000100956

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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14 DEC 18 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JS

12/19/14

**COVER LETTER**

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

SUBJECT: Dr. Locks Unlimited Security 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: Robert L. Berg  
Name (Printed or typed)

2221 N.E. 164 Street, Suite 277  
Address

North Miami Beach, Florida 33160  
City, State & Zip

305 3083653  
Daytime Telephone number

Drlocks@aol.com  
E-mail address: (to be used for future annual report notification)

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

FILED  
14 DEC 18 PM 1:16  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2014

DR. LOCKS UNLIMITED SECURITY SYSTEMS  
2221 N.E. 164 STREET #277  
NORTH MIAMI BEACH, FL 33160

SUBJECT: DR. LOCKS UNLIMITED SECURITY SYSTEMS, INC.  
Ref. Number: W14000072218

RECEIVED  
14 DEC 18 AM 11:29  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DR. LOCKS UNLIMITED SECURITY SYSTEMS, INC. and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please list the city name in its entirety wherever it appears in your document abbreviation is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00025502

FILED  
14 DEC 18 PM 1:18  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2014

DR. LOCKS UNLIMITED SECURITY SYSTEMS  
2221 N.E 164 STREET #277  
NORTH MIAMI BEACH, FL 33160

10311401015026

FILED  
14 DEC 18 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subject: **DR. LOCKS UNLIMITED SECURITY SYSTEMS**  
RE: 514A00023589

We have received your document for the above Fictitious Name and your check(s) totaling ~~\$90.00~~ however, the document **has not been filed** and is being returned for the following:

Effective July 1, 2009, the intention to register a fictitious name must be advertised at least once in a newspaper in the Florida county in which the principal place of business will be located, as defined in chapter 50, Florida Statutes. The application you have submitted is not a current application and does not contain the certification in Section 3 that the name has been advertised. Please complete and return the enclosed application that contains the certification in Section 3 that the name has been advertised at least once.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Marquitta Williams  
Reinstatement Section  
Division of Corporations

Letter No. 514A00023589

11/19/14

PLEASE APPLY \$90.00 TO  
NEW CORP. AS ENCLOSED  
THANKS!

Cancel Fictitious  
NAME  
APPLICATION

**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: Dr. Locks Unlimited Security Systems, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2221 N.E. 164 Street, Suite 277  
North Miami Beach, Florida 33160

2221 N.E. 164 Street, Suite 277  
North Miami Beach, Florida 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any all legal Business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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14 DEC 18 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Name and Title: Robert L. Berg / President Name and Title: President / Director

Address: 2221 N.E. 164 Street, Suite 277 Address: \_\_\_\_\_  
North Miami Beach, Florida \_\_\_\_\_  
33160 \_\_\_\_\_

Name and Title: Sherri Berg / Vice President Name and Title: Vice President / Secretary

Address: 2221 N.E. 164 Street, Suite 277 Address: \_\_\_\_\_  
North Miami Beach, Florida \_\_\_\_\_  
33160 \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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:

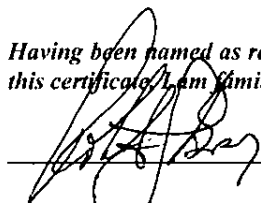
Name: Robert L. Berg  
Address: 2221 N.E. 164 Street, Suite 277  
North Miami Beach, Florida, 33160

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Robert L. Berg  
Address: 2221 N.E. 164 Street, Suite 277  
North Miami Beach, Florida, 33160

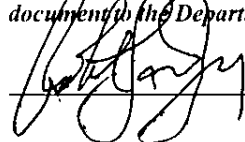
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Required Signature/Registered Agent

\_\_\_\_\_  
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

\_\_\_\_\_  
Date

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14 DEC 18 PM 1:18  
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TALLAHASSEE, FLORIDA