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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

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

SUBJECT: Sec	cure Service Groi	up, Inc.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orio	ginal and one (1) copy of the art	icles of incorporation and	d a chack for
Lifetosed are an one	gniar and one (1) copy or the art	icles of incorporation and	a check for.
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
		<u> </u>	
FROM: C	haswon Blackmo		
	Name	e (Printed or typed)	
36	671 Mohawk Dr.		
		Address	
Z	ellwood, Florida 🤆		
	City,	State & Zip	
21	500176555		

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

Daytime Telephone number

chaswonb@gmail.com

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

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

The name of the corporat	ion shall be: Secure Service Gi	oup, inc.	
	NCIPAL OFFICE Principal street address ge Blossom Trail	Mailing addi	ress, if different is:
Zellwood, Flor	rida 32798		
ARTICLE III PURI The purpose for which the	POSE ne corporation is organized is:	for Commmercial & R	Residential properties
			SECOND SECOND
ARTICLE IV SHA The number of shares	RES 100 Stock is: 100 TIAL OFFICERS AND/OR DIRECTOR	<u></u>	EH 2: 12 SEE, FLORIDA
	Tavion Blackmon/Director 3671 Mohawk Dr,	Name and Title:Address:	
Name and Title:	Zellwood, Florida 32798	Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:
Address		Address:
		-
ARTICLE VI	REGISTERED AGENT	
The name and Flo	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Chaswon Blackmon	_
Address:	3671 Mohawk Dr.	_
	Zellwood, Florida 32798	_
ARTICLE VII	INCORPORATOR	
The name and add	<u>lress</u> of the Incorporator is:	
Name:	Chaswon Blackmon	
Address:	3671 Mohawk Dr.	_
	Zellwood, Florida 32798	-
Having been name this certificate, I a	ed as registered agent to accept)service of process m familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	as wor Saden	02-10-2015
,	Required Signature/Registered Agent	Date
I submit this docu	meht and affirm that the facts stated herein are to epartment of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
	uswor Blading	02-10-2015
	Required Signature/Incorporator	Date

Secure Service Group, Inc.

3602 N. Orange Blossom Trail

Zellwood, Florida 32798

Mailing: P.O. BOX 246

Ph: (352) 217-6555 Fax: (407) 889-0901

To whom this may concern,

I CHASWON BLACKMON am the owner of Secure Service Group, Inc. I hereby released/ and or resolved the company name Secure Service Group Inc. and I have no intentions of reinstating it. If there is any questions regarding this letter please reach me at the above phone number. Thks.

FOUNDER/CEO

CHASWON BLACKMON