

P15 00 00 233 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

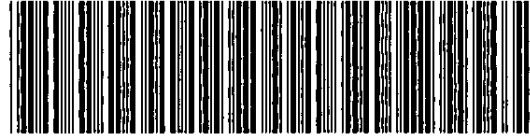
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3 11 15 18

March 5, 2015

Department of the State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference Mack Security Inc

Florida Document Number P11000020261

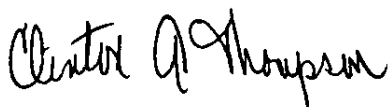
Dear Department:

It has come to my attention that the annual report for my corporation Mack Security Inc Florida Document Number P11000020261 has been administratively dissolved for non payment of the annual report. As the president of this corporation, I would like to release this document number at this time.

I am also enclosing new articles that I would like the department to process at this time.

Thanking you for your assistance in taking care of these matters promptly.

Regards

A handwritten signature in black ink, appearing to read "Clinton A. Thompson". The signature is written in a cursive, flowing style.

Clinton A Thompson

President

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

MACK SECURITY INC

Filing Information

Document Number	P11000020261
FEI/EIN Number	275169030
Date Filed	02/25/2011
State	FL
Status	INACTIVE
Effective Date	02/25/2011
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/27/2013
Event Effective Date	NONE

Principal Address5802 COUNTY ROAD 665
ONA, FL 33865**Mailing Address**5802 COUNTY ROAD 665
ONA, FL 33865**Registered Agent Name & Address**THOMPSON, CLINTON A
5802 COUNTY ROAD 665
ONA, FL 33865

Name Changed: 03/26/2012

Address Changed: 03/26/2012

Officer/Director Detail**Name & Address**

Title P

THOMPSON, CLINTON A
5802 COUNTY ROAD 665
ONA, FL 33865

Title VP

THOMPSON, KARI M
5802 COUNTY ROAD 665
ONA, FL 33865

Annual Reports

Report Year	Filed Date
2012	03/26/2012

Document Images

03/26/2012 -- ANNUAL REPORT	View image in PDF format
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02/25/2011 -- Domestic Profit	View image in PDF format
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State of Florida, Department of State

COVER LETTER

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

SUBJECT: Mack Security 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Clinton A Thompson

Name (Printed or typed)

5802 County Road 665

Address

Ona, FL 33865

City, State & Zip

863-245-1171

Daytime Telephone number

macksecurityinc@gmail.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: Mack Security Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5802 County Road 665

Same

Ona FL 33865

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business pertaining to security services

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @\$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clinton A Thompson, President

Name and Title: Kari M Thompson, VP

Address 5802 County Road 665

Address: 5802 County Road 665

Ona, FL 33865

Ona, FL 33865

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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: Lawrence Swan

Address: 709 Cape Coral Parkway W

Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

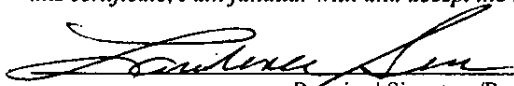
The **name and address** of the Incorporator is:

Name: Clinton A Thompson

Address: 5802 County Road 665

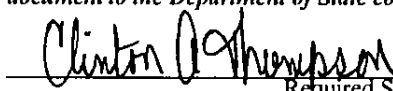
Ona, FL 33865

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

3/9/15
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

3/9/15
Date