## 150000

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APR 2 7 2015

T. SCOTT



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April 13, 2015

SANJAY DEO 4613 N. UNIVERSITY DRIVE, #267 CORAL SPRINGS, FL 33067

SUBJECT: 24BY7SECURITY, INC. Ref. Number: W15000025378

We have received your document for 24BY7SECURITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 215A00007245

## **COVER LETTER**

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

SUBJECT: 24B	y7Security, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	
40	313 N. University	√ Ur., #∠67 Address	
C	oral Springs, FL	33067	
(9	54) 461-4856	State & Zip	
<u>sa</u>	niav deo@vaho	OO.COM d for future annual report	
	E-mail address: (to be use	a for future annual report	noutication)

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)

ICLE II PRI	NCIPAL OFFICE	\$ 4 · 101	11
12 N. I.In	Principal street address	Mailing	address, if different is:
	iversity Dr., #267		
ral Spring	gs, FL 33067		
ICLE III PUR urpose for which	the corporation is organized is:	logy Products, Se	ervices & Consulting
			<del></del>
<del></del>			
ICLE IV SH	ARES 1,000,000		
ICLE IV SH umber of shares o	ARES 1,000,000	<del></del>	
ICLE V INI	TIAL OFFICERS AND/OR DIRECTO	<u>RS</u>	
ICLE V INI			
ICLE V INI	TIAL OFFICERS AND/OR DIRECTO	Name and Title:	
ICLE V INI	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267		
ICLE V IN	<i>TIAL OFFICERS AND/OR DIRECTO</i> le:Sanjay Deo, CEO, P, D	Name and Title:	
Name and Titl	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267	Name and Title:	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title: Address:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:	A
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:	5 AP 27
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:	5 AP 27
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title: Address: Name and Title: Address:	15 APP 27 PH 12: 1
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECTO le: Sanjay Deo, CEO, P, D 4613 N. University Dr., #267 Coral Springs, FL 33067	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	15 APP 27 PH 12: 1

Name an	d Title:	Name and Title:	<del></del>	
Address	·	_ Address:		
		<del></del>		
<u>ARTICLE VI</u>	REGISTERED AGENT			
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Sanjay Deo			
Address:	4613 N. University Dr., #267			
	Coral Springs, FL 33067			
ARTICLE VII	INCORPORATOR			
The name and as	ddung of the Impercentagin			
i ne <u>name ano ao</u>	ddress of the Incorporator is:			
Name:	Sanjay Deo			
Address:	4613 N. University Dr., #267			
	Coral Springs, FL 33067			
Having been nar this certificate, I	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corp istered agent and agree to	oration at the place act in this capacity	e designated in ,
	Grant Line		April 16,	2015
	Required Signature/Registered Agent		Da	te
I submit this document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the v as provided for in s.817.	false information 155, F.S.	submitted in o
	Some		April 16	, 2015
	Required Signature/Incorporator		<u> </u>	Pate