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FILED  
15 MAY 15 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2015

S. GILBERT

## COVER LETTER

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

**SUBJECT:** KOE SECURITY SOLUTIONS 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: JENNIFER STANCIL  
Name (Printed or typed)

21 FREEDOM DR  
Address

DALLAS GA 30157  
City, State & Zip

678-365-7427  
Daytime Telephone number

JSHTAX@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)

**FILED**

**15 MAY 15 AM 10:52**

**ARTICLE I NAME** KOE SECURITY SOLUTIONS INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
32 NW 5TH TERRACE #15  
PAMPANO BEACH FL 33064

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different from above:  
21 FREEDOM DR  
DALLAS GA 30157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SECURITY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	CLIFTON HUNT PRESIDENT	Name and Title:	
Address	3200 NW 5TH TERRACE #15 PAMPANO BEACH FL 33064	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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: CLIFTON HUNT \_\_\_\_\_

Address: 3200 NW 5TH TERRACE # 15 \_\_\_\_\_

PAMPANO BEACH FL 33064 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: CLIFTON HUNT \_\_\_\_\_

Address: 3200 NW 5TH TERRACE #15 \_\_\_\_\_

PAMPANO BEACH FL 33064 \_\_\_\_\_


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

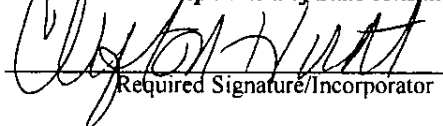
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

05/01/2015  
\_\_\_\_\_  
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

05/01/2015  
\_\_\_\_\_  
Date