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COVER LETTER

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

SUBJECT: T	rublue Security Ac		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the a	rticles of incorporation and	d a check for:
☐ \$70.0 Filing Fe	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Jean Perez	ne (Printed or typed)	,
	4135 SW Rosser	Blvd.	
		Address	,,,,,
	Port Saint Lucie,	FL 34953	
	Cit	y, State & Zip	
	785-375-6894		
	Daytime	Telephone number	
	pfcperez19@gmail.c		
	E-mail address: (to be us	sed 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 II PRINCIPAL OFFICE Principal street address 4135 SW Rosser Blvd.			Mailing addres	ss, if different is	.15 JUN	
Port Saint Lu	cie, FL 34953			23	СЛ	
					A	· ,
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:			000 000 200 200	ණ යා ජ	
Teaches the	concept of advanced secur	ity operati	ons			
ARTICLE IV SH		\$.01				
The number of shares of ARTICLE V IN	f stock is: 1000 common shares at par value TIAL OFFICERS AND/OR DIRECTOR le: Jean Perez		<u>,</u> N/A			
The number of shares of ARTICLE V IN	f stock is:	S Name and Title Address:	.: <u>N/A</u>			
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTOR Jean Perez 4135 SW Rosser Blvd. Port Saint Lucie, FL 34953	S Name and Title Address: Name and Title				

Name and	H Title: N/A	Name and Title	. <u>N/A</u>			_
Address	·	Address:				
						_
				** //	5	_
				1 ·	Ē	:
ARTICLE VI	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	the registered and	ent ic		<u>.</u>	sur di
Name:	Jean Perez	the registered age	CHI IS.	 بر	8 HH	
Address:	4135 SW Rosser Blvd.	•			6: 35	
	Port Saint Lucie, FL 34953			7,5		
ARTICLE VII	INCORPORATOR					
The name and ad	dress of the Incorporator is:					
Name:	Jean Perez					
Address:	4135 SW Rosser Blvd.	_				
	Port Saint Lucie, FL 34953	-				
Having been nam this certificate, I a	ned as registered agent to accept service of process on familiar with and accept the appointment as reg	for the above sta istered agent and	l agree to act in this	capacity		(in
	ent eum		6/1	1/201)	_
	Required Signature/Registered Agent			Date		
I submit this doci document to the L	iment and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware y as provided for	that the false infoi in s.817,155, F.S.	mation su	bmitted is	n a
H	en Horns	_		11/201	15	
	Required Signature Incorporator			Date	9	_