

P150000 61441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

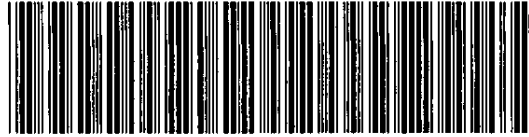
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700275038317

07/17/15--01031--009 \*\*78.75

FILED  
2015 JUL 17 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2015  
C. CARROTHERS

July 16, 2015

Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Crino Security Inc

Document Number P11000076237

Dear Department:

T has come to my attention that the annual report for Crino Security Inc. was not filed timely.

At this time as the President and sole owner of this Corporation I am requesting that you release my document number P11000076237.

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

Thanking you for your assistance in getting these matters taken care of.

Sincerely,

A handwritten signature in cursive script that reads "Samuel Crino".

Samuel F Crino

President

## COVER LETTER

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

**SUBJECT:** Crino 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Samuel F Crino  
\_\_\_\_\_  
Name (Printed or typed)  
  
709 Cape Coral Parkway W  
\_\_\_\_\_  
Address  
  
Cape Coral FL 33914  
\_\_\_\_\_  
City, State & Zip  
  
215-796-8133  
\_\_\_\_\_  
Daytime Telephone number  
  
crino\_sam@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

FILED

2015 JUL 17 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Crino Security Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
709 Cape Coral Parkway W  
Cape Coral, FL 33914

Mailing address, if different is:

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 Shares @\$1.00 par value per share

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

Name and Title: Samuel F Crino, President

Name and Title: \_\_\_\_\_

Address 815 Church Road

Address: \_\_\_\_\_

Harleysville, PA 19438

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: Lawrence Swan

Address: 14132 Creek Court

Fort Myers, FL 33908

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

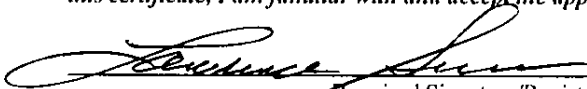
**ARTICLE VIII EFFECTIVE DATE:**

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

7/16/15  
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

7/16/15  
Date