

P15000070649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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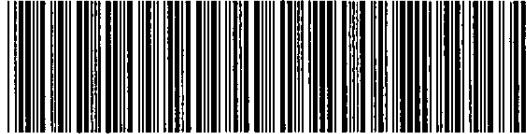
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 AUG 20 PM 4:50
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AT 11:48 AM

AUG 27 2015
W PAINTER

COVER LETTER

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

SUBJECT: Monitor Sensing Technologies, 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: Josephine Nemmers

Name (Printed or typed)

9030 W Fort Island Trail, Plantation Village, Building 9

Address

Crystal River, Florida 34429

City, State & Zip

352-564-9610

Daytime Telephone number

JNemmers@b-scada.com

E-mail address (to be used for future annual report notification)

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

Please return by Fed Ex Express Saver with the enclosed form.

Thanks

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: Monitor Sensing Technologies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9030 W Fort Island Trail, Plantation Village, Building 9
Crystal River, FL 34429

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for which corporations may
be organized under the corporation laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Allen DeSerranno, CEO, Pres., Director

Address: 9030 W Fort Island Trail
Plantation Village, Building 9
Crystal River, FL 34429

Name and Title: _____

Address: _____

Name and Title: Brian Thornton, VP, Sec. and Director

Address: 9030 W Fort Island Trail
Plantation Village, Building 9
Crystal River, FL 34429

Name and Title: _____

Address: _____

Name and Title: Josephine Nemmers, CFO

Address: 9030 W Fort Island Trail
Plantation Village, Building 9
Crystal River, FL 34429

Name and Title: _____

Address: _____

15 AUG 20 PM 4:10
ST. JOHN'S COUNTY
CLERK OF CIRCUIT COURT
JANET L. BROWN, CLERK

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: Allen DeSerranno
Address: 9030 W Fort Island Trail, Building 9
Crystal River, Florida 34429

ARTICLE VII INCORPORATOR

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

Name: Josephine Nemmers
Address: 9030 W Fort Island Trail, Building 9
Crystal River, Florida 34429

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
08/18/2015
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
08/18/2018
Date