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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 24 2015
T. BROWN

COVER LETTER

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

SUBJECT: Moses Security Services 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: Clarence Moses Jr
Name (Printed or typed)

2000 N. Meridian Rd Apt 302
Address

Tallahassee, FL 32303
City, State & Zip

850 284 1128
Daytime Telephone number

moses_guards2011@yahoo.com
E-mail address: (to be used for future annual report notification)

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

I Clarence Mores Jr have no
intentions of reinstating Mores
Security Services Inc. Doc # ~~104~~
#P14000032144

and I release the name.

A handwritten signature in black ink, appearing to read "Clarence Mores Jr.", with a large, stylized flourish at the end.

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: Moses Security Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8403 Blackjack Rd.
Tallahassee FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Go into the Security business
and provide Professional Security Guard Services

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Moses Pres.

Address

2000 N. Meridian Rd.
Appt. 302 Tall. FL
32303

Name and Title: Victoria Moses V.P.

Address:

4698 Leah Lane
Tall. FL

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: Clarence Mosey Jr

Address: 2000 N. Meridian Rd.

302 Tall. FL 32303

ARTICLE VII INCORPORATOR

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

Name: Clarence Mosey Jr

Address: 2000 N. Meridian Rd. 302

Tallahassee FL 32303

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

11/24/15
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

11/24/15
Date