

PL5000099039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

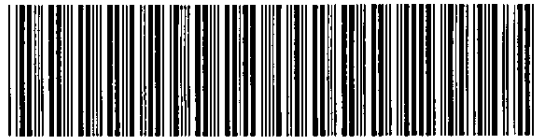
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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15 DEC 15 AM 8:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MD 12/15

COVER LETTER

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

SUBJECT: I AM HOME SECURITY 1, 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:

DARRELL WILLS

Name (Printed or typed)

3324 SHADOW MOSS DRIVE

Address

TALLAHASSEE, FL 32308

City, State & Zip

850-264-5210

Daytime Telephone number

darrell@teamwills.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)

ARTICLE I NAME

The name of the corporation shall be: I AM HOME SECURITY 1, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3324 SHADOW MOSS DRIVE
TALLAHASSEE, FL. 32308

P. O. BOX 5304
TALLAHASSEE, FL. 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDES HOME SECURITY SYSTEMS
FOR HOMES AND BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARRELL WILKS, PRESIDENT Name and Title: _____

Address: 3324 SHADOW MOSS DR. Address: _____
TALLAHASSEE, FL. 32308

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: DARRELL WILKS

Address: 3324 SHADOW MOSS Drive
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DARRELL WILKS

Address: 3324 SHADOW MOSS Drive
TALLAHASSEE, FL 32308

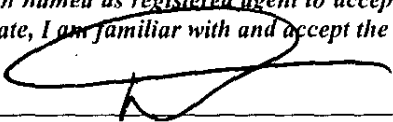
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-16 (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

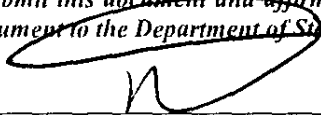


Required Signature/Registered Agent

12/15/15

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

12/15/15

Date

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TALLAHASSEE, FLORIDA

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