

P120000012506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

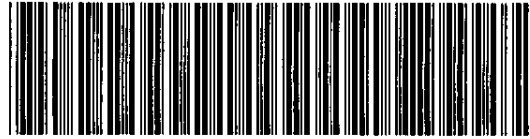
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 28 PM 1:25

JAN 28 2016

S. PRATHER

COVER LETTER

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

SUBJECT: STAAR Focus 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
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: Mellonaise Jackson

Name (Printed or typed)

5724 SW 20st

Address

West Park, Florida 33023

City, State & Zip

754-581-7788

Daytime Telephone number

jessmello@yahoo.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: STAAR Focus Security Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5724 SW 20 st

5724 SW 20 st

West Park, Florida 33023

West Park, Florida 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Security Guard Agency

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mellonaise Jackson/ President

Name and Title: _____

Address 5724 SW 20 st

Address: _____

West Park, Florida 33023

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: Mellonaise Jackson
Address: 5724 SW 20 ST
West Park, Florida 33023

ARTICLE VII INCORPORATOR

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

Name: Mellonaise Jackson
Address: 5724 SW 20 ST
West Park, Florida 33023

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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

Mellonaise Jackson
Required Signature/Registered Agent

12/14/15
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.

Mellonaise Jackson
Required Signature/Incorporator

12/14/15
Date