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☐ PICK-UP

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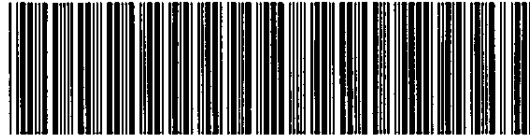
(Business Entity Name)

(Document Number)

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16 FEB -5 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H. Gulligan FEB 17 2016

## COVER LETTER

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

**SUBJECT:** AM Sentinel 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:** Analee M. Mayes  
\_\_\_\_\_  
Name (Printed or typed)

4101 W Obispo Street  
\_\_\_\_\_  
Address

Tampa, FL 33629  
\_\_\_\_\_  
City, State & Zip

813 390-6287  
\_\_\_\_\_  
Daytime Telephone number

amayes@tampabay.rr.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: AM Sentinel Services, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4101 W Obispo Street  
Tampa, FL 33629

SECRETARY OF STATE  
TAMPA, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The corporation shall have perpetual duration and succession in its corporate name and has the same powers

as an individual to do all things necessary or convenient to carry out its business and affairs in accordance with Section  
607.0302, Florida Statutes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Analee M. Mayes, President

Address: 4101 W Obispo Street  
Tampa, FL 33629

Name and Title: Mercedes E. Sosa, Vice President

Address: 128 Myrtle Ridge Road  
Lutz, FL 33549

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

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

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

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

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

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

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

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: Analee M. Mayes  
Address: 4101 W Obispo Street  
Tampa, FL 33629

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**ARTICLE VII INCORPORATOR**

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

Name: Analee M. Mayes  
Address: 4101 W Obispo Street  
Tampa, FL 33629

**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*

Analee M. Mayes 2/3/16  
Required Signature/Registered Agent 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.*

Analee M. Mayes 2/3/16  
Required Signature/Incorporator Date