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16 FEB 17 PM 4:29  
TALLAHASSEE, FLORIDA

FEB 23 2016

S. GILBERT

## COVER LETTER

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

SUBJECT: J & M Alexander Security Inc. <sup>a Florida corporation</sup>  
(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: James Kudla  
Name (Printed or typed)

638 NW 130 Way  
Address

Pembroke pines FL 33028  
City, State & Zip

(954) 665-1891  
Daytime Telephone number

Garava143@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: J E M Alexander Security, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

638 N.W. 130 way  
Pembroke pines Fl. 33028

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to conduct a security  
business.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title:	<u>James Kudla, President</u>	Name and Title:	<u>Michelle Kudla</u> <sup>vice</sup> <u>president</u>
Address	<u>638 NW 130 way</u> <u>Pembroke pines Fl.</u> <u>33028</u>	Address:	<u>638 NW 130 way</u> <u>Pembroke pines Fl.</u> <u>33028</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

16 FEB 17 PM 4:29  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE

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: James Kudla

Address: 638 NW 130 way  
pembroke pines Fl. 33028

**ARTICLE VII INCORPORATOR**

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

Name: James Kudla

Address: 638 NW 130 way  
pembroke pines Fl. 33028

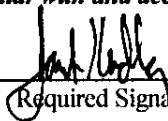
**ARTICLE VIII EFFECTIVE DATE:**

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.

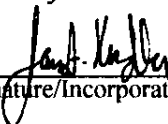
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/7/16  
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

1/7/16  
Date