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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

Antonetti Security Consultant, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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3/30/16

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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: Antonetti Security Consultant, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
14611 SW 88th Street Apt L-109

Mailing address, if different is:

Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Security

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel Marcel Antonetti President

Name and Title:

Address: 14611 SW 88th Street, Apt L-109

Address:

Miami, FL-33186

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

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: Daniel Marcel Antonetti
Address: 14611 SW 83th Street Apt L-109
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daniel Marcel Antonetti
Address: 14611 SW 83th Street Apt L-109
Miami, FL 33186

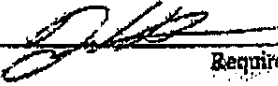
ARTICLE VIII EFFECTIVE DATE:

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

3/28/16
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

3/28/16
Date

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