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FLORIDA PROFIT/NON PROFIT CORPORATION
MUNICIPAL SAFETY SERVICES, INC

Certificate of Status	0
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COVER LETTER

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

SUBJECT: MUNICIPAL SAFETY 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: KEVIN MICHAEL REGAN
Name (Printed or typed)

213 SW 159 AVE
Address

SUNRISE, FL 33326
City, State & Zip

305-393-1064
Daytime Telephone number

SAFECITYWORKER@COMCAST.NET
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: MUNICIPAL SAFETY SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
213 SW 159 AVE, SUNRISE, FL 33326	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL BUSINESS

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	KEVIN MICHAEL REGAN / P	Name and Title:	ANNE MORGAN ONSGARD / S
Address	213 SW 159 AVE SUNRISE, FL 33326	Address:	104 S. BAY HARBOR DR. KEY LARGO, FL 33037
Name and Title:	EVAN MARSHALL REGAN /T	Name and Title:	MICHAEL JOSEPH ONSGARD/ VP
Address	213 SW 159 AVE SUNRISE, FL 33326	Address:	104 S. BAY HARBOR DR. KEY LARGO, FL 33037
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: JOHN L ABITANTE CPA, P.A

Address: 12401 ORANGE DR. SUITE 100C

DAVIE, FL 33330

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: JOHN L ABITANTE CPA, P.A

Address: 12401 ORANGE DR. SUITE 100C

DAVIE, FL 33330

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/27/2016 (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

John Louis Abitante

Required Signature/Registered Agent — Date: 06/24/2016

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.

John Louis Abitante

Required Signature/Incorporator — Date: 06/24/2016