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Florida Department of State
Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION MUNICIPAL SAFETY SERVICES, INC

Certificate of Status	0
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Page Count	04
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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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy 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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STATE OF FLORIDA
TALLAHASSEE

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 ONGSARD / 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 ONGSARD / 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

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

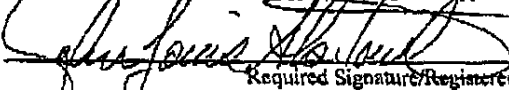
ARTICLE VIII EFFECTIVE DATE:

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

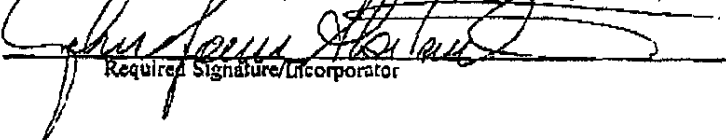


Required Signature/Registered Agent

06/24/2016

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

06/24/2016

Date

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