P16000079048

(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
W/6-6	1306			



900289367319

08/29/16~~01015--001 **87.50

2016 SEP 27 AH IO: O

Office Use Only

COVER LETTER

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

SUBJECT:	SILFRAIN	UNITED	SECURITY	
	(PROPOSED CORPORA	TË NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation an	d 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: Steve Silfvain Name (Printed or typed) 324NW 3Rd Street Apt8				
	Hallandale C	Address ScaCH FL, & State & Zip	33009	
	786- Daytime T	54/-42; elephone number	20	
	E-mail address: (to be use	FrainSec(9)	Vahoo. Com	

NOTE: Please provide the original and one copy of the articles.



September 7, 2016

STEVE SILFRAIN 324 NW 3RD STEET APT 8 HALLANDALE BEACH, FL 33009

SUBJECT: SILFRAIN UNITED SECURITY

Ref. Number: W16000061306

We have received your document for SILFRAIN UNITED SECURITY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 316A00018865

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation	shall be: Siltrain UN	ITED	SECURITY CORPORATION
	AL OFFICE ncipal street address		Mailing address, if different is:
324 NW 3RG	Street Apt8 E.FC 33009		
	,		
ARTICLE III PURPOSE The purpose for which the o	Scorporation is organized is: SEC_1	urity-	Pertection
and GAU	rd Service		
			
ARTICLE IV SHARES	Sall O		
The number of shares of stoo	- 1		, arcilul
Q	DEFFICERS AND FOR DIRECTORS	BANK W	1530 NW YAVE #18-
Name and Title: <u>O</u>	teur Siltrain Kresident	Name and Titl	1520 ALUJUANT ILIGHT
Address <u>S</u>		Address:	
4	of 8 Hallandale, FC 23,009		MIami, PLA 33/36
	11 Pilias SECUT	LACY	
Name and Title:			· · · · · ·
Address	05/ RENAISSANCE		S S
<u>B</u>	LVD Apt 204 MIRAMA	R,	<u> </u>
<u> </u>	1, 33025		7
Name and Title		Name and Titl	95 5
Address			≥
			

Name and Title: Steve Silfrain RESIDENT Name and Title: MCTEA	R, LEO	VICE PRESIDENT
Address 324 NW 300 State Address: 1530	NW4	AVE # 18-E
Apt 8 Hallandale, PC Mian	1L,FLA	<u> 33</u> 136
_33009		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Name:		
Address: 324 NW 3Rd STREET		
Apt & Hallandala, FC 33009	\$	
ARTICLE VII INCORPORATOR	ALLE	2016 S
The name and address of the Incorporator is:	An Asset	FIL SEP 27
Name: Steul Siltrain		T AK
Address: 324 NW and Street	FLOR	Ö
APT 8 Hallanda (E, FC 33009	NU XUI	08
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 date days after the filing.)	ys prior or 90	business
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this the document's effective date on the Department of State's records.	s date will not b	e listed as
Having been named as registered ogenflto accept service of process for the above stated corporation		rsignated in
this certificate, I am familial with and accept the appointment as registered agent and agree to act in	this capacity 8/26/	12011
Required Signature/Registered Agent	Date	<u>~U/O</u>
I submit this document and affirm that the facts stated herein are true. I am aware that the false document to the Department of Sigle constitutes a third degree felony as provided for in s. 817.155, F.	information sul .S. /	mitted in a
Shull (Sillingin)	08/26/	20/6
Required Signature/Incorporator	Date	