

P1600079949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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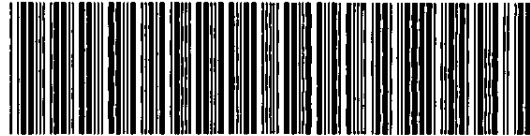
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 29 AM 9:09

## COVER LETTER

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

**SUBJECT: Crimson Security Corp.**

(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: Jason Fragale**

Name (Printed or typed)

**PO Box 422993**

Address

**Kissimmee, FL 34742**

City, State & Zip

**407-624-2255**

Daytime Telephone number

**crimsonworldwide@outlook.com**

E-mail address: (to be used for future annual report notification)

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

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SEP 29 2009  
STATE  
OF FLORIDA

**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: Crimson Security Corp.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

2406 Catherine St.

Kissimmee, FL 34741

Mailing address, if different is:

Jason Fragale

PO Box 422993

Kissimmee, FL 34742

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Teaches the concept of advanced security operations

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000 common shares at par value \$.01

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

Name and Title: Jason Fragale

Name and Title: N/A

Address: President / Director / Officer

Address:

2406 Catherine St.

Kissimmee, FL 34741

Name and Title: N/A

Name and Title: N/A

Address:

Address:

Name and Title: N/A

Name and Title: N/A

Address:

Address:

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16 SEP 29 AM 9:09

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Jason Fragale  
Address: 2406 Catherine St.  
Kissimmee, FL 34741

**ARTICLE VII INCORPORATOR**

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

Name: Jason Fragale  
Address: 2406 Catherine St.  
Kissimmee, FL 34741

*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*

Jason Fragale  
Required Signature/Registered Agent

09/21/2016

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.*

Jason Fragale  
Required Signature/Incorporator

09/21/2016

Date

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STATE  
TAMPA