

P16000090300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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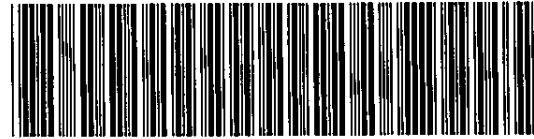
(Business Entity Name)

(Document Number)

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

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M. MOON

NOV 07 2016

## COVER LETTER

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

**SUBJECT:** STRONG TOWER SECURITY, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Nichola Madry  
Name (Printed or typed)  
  
69 NW 44th TER  
Address  
  
DEERFIELD BEACH, FL 33442  
City, State & Zip  
  
954-608-8965  
Daytime Telephone number  
  
INFOSTRONGTOWERFL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

15 FEB -7 PM 2:03

FILED  
SECRETARY OF STATE  
MONTGOMERY, ALABAMA

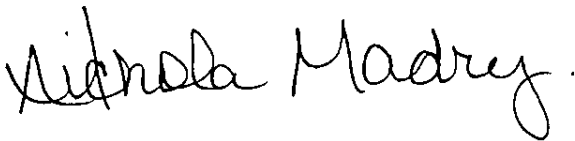
**NOTE: Please provide the original and one copy of the articles.**

11-1-2016

To whom it may concern,

I Nichola Madry do hereby confirm that STRONG TOWER SECURITY INC P15000006620 is INACT as it was dissolved with other investors and will not resume business. I do hereby release the name to be re-used.

Regards,

A handwritten signature in cursive script that reads "Nichola Madry".

Nichola Madry

16 NOV -7 PM 2:03

FILED  
SECRETARY OF STATE  
TALLAHASSEE, 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: STRONG TOWER SECURITY, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

69 NW 44th TER

DEERFIELD BEACH, FL 33442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide security service.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: DERRICK MADRY

Name and Title: PRESIDENT

Address 69 NW 44th TER

Address:

DEERFIELD BEACH, FL

33442

Name and Title: NICHOLA MADRY

Name and Title: VICE PRESIDENT

Address 69 NW 44TH TER

Address:

DEERFIELD BEACH, FL

33442

Name and Title: NICHOLA MADRY

Name and Title: SECRETARY/TREASURER

Address 69 NW 44TH TER

Address:

DEERFIELD BEACH, FL

33442

16 NOV -7 PM 2:03  
ALL  
SEC. OF STATE  
TALLAHASSEE, FL 32304

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: NICHOLA MADRY  
Address: 69 NW 44TH TER  
DEERFIELD BEACH, FL 33442

**ARTICLE VII INCORPORATOR**

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

Name: NICHOLA MADRY  
Address: 69 NW 44TH TER  
DEERFIELD BEACH, FL 33442

**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*

Nichola Madry 11-1-2016  
Required Signature/Registered Agent 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.*

Nichola Madry 11-1-2016  
Required Signature/Incorporator Date

16 NOV -7 PM 2:04  
RECEIVED  
STATE  
OFFICE  
TALLAHASSEE  
FLORIDA

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P. O. Box 6327  
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Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
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Name and Title: VICE PRESIDENT

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Address: \_\_\_\_\_

DEERFIELD BEACH, FL

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Name and Title: NICHOLA MADRY

Name and Title: SECRETARY/TREASURER

Address 69 NW 44TH TER

Address: \_\_\_\_\_

DEERFIELD BEACH, FL

33442

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
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11-1-2016

Date

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Nichola Madry  
Required Signature/Incorporator

11-1-2016

Date