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FAX No.

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED SECURITY AND INTEGRATION I, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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T. BURCH

DEC 30 2016

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Advanced Security and Integration I, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address3309 Bradenham LnDavie, FL 33328

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all legal purposes**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Isabel Shaban, President

Name and Title: _____

Address 3309 Bradenham Lane

Address: _____

Davie, FL 33328

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Isabel Shaban
Address: 3309 Bradenham Lane
Davie, FL 33328

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Isabel Shaban
Address: 3309 Bradenham Lane
Davie, FL 33328

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 days prior or 90 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

Isabel Shaban

Required Signature/Registered Agent

12-16-2016

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.

Isabel Shaban

Required Signature/Incorporator

12-16-2016

Date

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