

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SEKUREID SOLUTIONS CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

17 MAR 29 PM 4:41

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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2

**COVER LETTER**

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

**SUBJECT:** SEKUREID SOLUTIONS 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      ☐ \$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:** SEKUREID SOLUTIONS CORP.  
Name (Printed or typed)  
  
3137 COMMERCE PKWY  
Address  
  
MIRAMAR, FL 33025  
City, State & Zip  
  
954-383-0887  
Daytime Telephone number  
  
SINO.R.JOS@GMAIL.COM  
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: SEKUREID SOLUTIONS CORP

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address: 3137 COMMERCE PKWY  
MIRAMAR, FL 33025  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: GENERAL BUSINESS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title:	<u>MARCO QUINTERO / PRESIDENT</u>	Name and Title:	_____
Address	<u>3137 COMMERCE PKWY</u>	Address:	_____
	<u>MIRAMAR, FL 33025</u>		_____

Name and Title:	<u>SINO JOS / DIRECTOR</u>	Name and Title:	_____
Address	<u>3137 COMMERCE PKWY</u>	Address:	_____
	<u>MIRAMAR, FL 33025</u>		_____

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

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17 MAR 29 AM 9:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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  
 Address: 12401 ORANGE DR. SUITE 100C  
DAVIE, FL 33330

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN L ABITANTE CPA  
 Address: 12401 ORANGE DR. SUITE 100C  
DAVIE, FL 33330

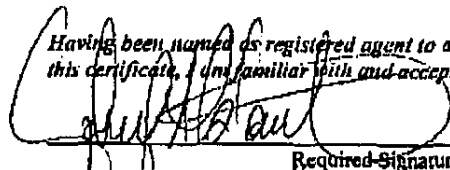
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/22/2017 (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.)

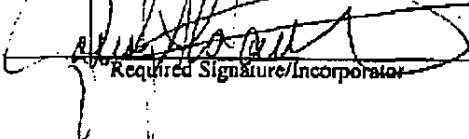
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

03/28/2017  
 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

03/28/2017  
 Date