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DEPARTMENT OF REVENUE
17 JUN 14 AM 8:58

17 JUN 14 AM 9:00
FILED
DIVISION OF REVENUE
STATE OF MISSISSIPPI

COVER LETTER

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

SUBJECT: COMPSECURE INC.
(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: RONALD L COLLINS
Name (Printed or typed)

4810 A ORLEANS COURT
Address

WEST PALM BEACH FL - 33415
City, State & Zip

561 - 537 6981
Daytime Telephone number

SAMIR@SCOPE.PE
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN 14 AM 9:00

ARTICLE I NAME

The name of the corporation shall be: COMPSECURE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4810 A ORLEANS COURT
WEST PALM BEACH
FL - 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RONALD L COLLINS Name and Title: _____
PRESIDENT

Address: 4810 A ORLEANS COURT Address: _____
WEST PALM BEACH
FL - 33415

Name and Title: SAMIR K SHARMA Name and Title: _____
SECRETARY

Address: 4810 A ORLEANS COURT Address: _____
WEST PALM BEACH
FL - 33415

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: RONALD L COLLINS

Address: 4810 A ORLEANS COURT

WEST PALM BEACH

FL - 33415

ARTICLE VII INCORPORATOR

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

Name: RONALD L COLLINS

Address: 4810 A ORLEANS COURT

WEST PALM BEACH

FL - 33415

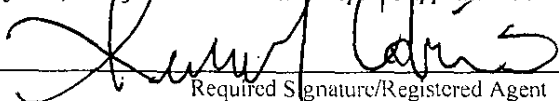
ARTICLE VIII EFFECTIVE DATE:

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.

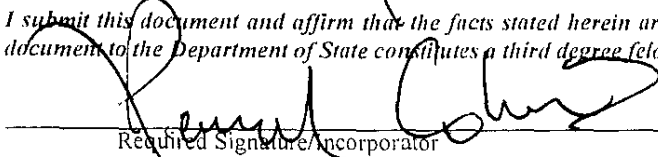
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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.



Required Signature/Incorporator

_____ Date