

P17000053784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

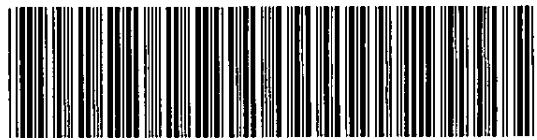
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

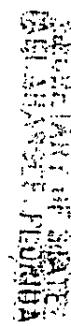
Special Instructions to Filing Officer:

Office Use Only



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06/20/17--01018--028 *478.75



17 MAY 20 AM 11:40

111.60

✓ 06/22/17

COVER LETTER

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

SUBJECT: _____
(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: Jennifer Stancil
Name (Printed or typed)

21 Freedom Dr
Address

Dallas Ga 30157
City, State & Zip

678 365 7427
Daytime Telephone number

jshtan@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

ARTICLE I NAME

The name of the corporation shall be:

House of Pain Security Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

995 Airport Rd #45
Destin FL 32541

ARTICLE III PURPOSE

The purpose for which the corporation is organized is

Security Consulting

ARTICLE IV SHARES

The number of shares of stock is: 80

17 MAY 20 AM 11 40

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benjamin Howze Name and Title:

President Address 995 Airport Rd #45 Address:

Destin Fl. 32541

Name and Title: _____ Name and Title: _____

Address _____ **Address:** _____

Name and Title: _____ Name and Title: _____

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: Benjamin Hawze
Address: 995 Airport Rd #45
Destin FL 32541

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Benjamin Hawze
Address: 995 Airport Rd #45
Destin, FL 32541

STATE OF FLORIDA
DEPARTMENT OF STATE
REGISTRATION

RECEIVED
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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

Benjamin Hawze
Required Signature/Registered Agent

4/20/17
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 in s.817.155, F.S.

Benjamin Hawze
Required Signature/Incorporator

4/20/17
Date