P17000078605

(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

M. Moon

900303822969

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17 OCT -2 AM 8:36

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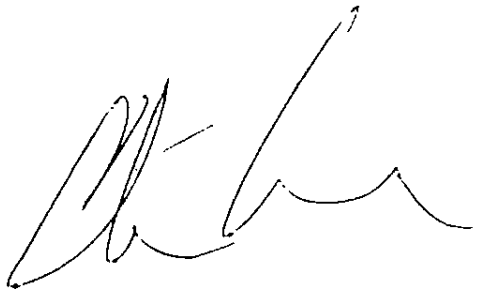
2017 OCT -2 AM 8:37

I Clarence Moses do not wish
reinstate Moses Security Services.
Please release the name.



10/02/17

COVER LETTER

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

SUBJECT: Moses Security Services 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: Clarence Moses
Name (Printed or typed)

2000 N. Meridian Rd #302
Address

Tallahassee, FL 32303
City, State & Zip

850 566-7062
Daytime Telephone number

moses_guard2011@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: Moses Security Services Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
8403 Blackjack Rd.
Tallahassee, FL 32305

Mailing address, if different is:
2000 N. Meridian Rd
#302 Tallahassee, FL
32303

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide a service and make a profit

ARTICLE IV SHARES
The number of shares of stock is: 01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clarence Moses President
Address 2000 N Meridian Rd apt 302 Tall FL 32303

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: Clarence Moses

Address: 2000 N. Meridian Rd. #302
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Clarence Moses

Address: ~~2903 Blackjack Rd~~ 2000 N. Meridian Rd.
Tall. FL 32303

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2017 OCT -2 A 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2017 (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

_____ 10/02/17
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.

_____ 10/02/17
Required Signature/Incorporator Date