P17000082228

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

N. SAMS



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October 9, 2017

TALLAS AASEE, PLORES

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference St. Hilaire Security Inc. Document Number P14000091080 Administrative Dissolution

Dear Department:

I received correspondence that my corporation was administratively dissolved for non payment of my annual report fees.

At this time I would like to release my Florida Document Number P14000091080 for my Corporation St. Hilaire Security Inc.

I am also enclosing at this time articles that I would ask your assistance with in filing for me.

Thanking you for your assistance with these matters.

Timothy M. St. Hilaire
Timothy M. St. Hilaire

President

COVER LETTER

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

SUBJECT: St. !	Hilaire Security Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.0 Filing Fe		S78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Timothy M St. Hilaire Name	e (Printed or typed)	
	709 Cape Coral Parkway W		
		Address	
	CAPE CORAL, FL 33914		
	City.	State & Zip	
	978-501-5210		
	Daytime T	elephone number	
	T_STHILAIRE20012001@yahoo.com		
	E-mail address: (to be use	d 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)

The name of the cornors	St. Hilaire Security Inc	1/ 001 12	PM 3: 34
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address if different	E FLINE
CAPE CORAL, FL 33		Caldwell, TX 77836	
	the corporation is organized is:	' AND ALL LAWFUL BUSINESS PERTAINING T	
ARTICLE IV SHAR The number of shares of	<u>ES</u> 100 SHARES @ 1.00 PAR	VALUE PER	
	AL OFFICERS AND/OR DIRECTO		
Name and Title		Name and Title:	
Address	11252 FM 166	Address:	
	Caldwell, TX 77836		
Name and Title	:	Name and Title:	
Address			_
Name and Title	·	Name and Title:	
Address			

Name :	and Title:	Name and Title:
Addre		1
Addre	SS	Addiess.
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered agent is:
	RONALD ST. CLAIR	y of the registered agent is.
Name: Address:	709 CAPE CORAL PARKWAY WEST	
Address.	CAPE CORAL, FL 33914	17 C
		7 007 12
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	2 · · · · · · · · · · · · · · · · · · ·
The name and	address of the Incorporator is:	- PA :: : : : : : : : : : : : : : : : : :
Name:	Timothy M St. Hilaire	一 - 一 - 発動 (2)
Address:	11252 FM 166	
	Caldwell, TX 77836	
Effective date. (If an effective filing.) Note: If the da		one than five days prior or 90 days after the ole statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of process am familiar with and accept the appointment as a service of process and service of	
		re true. I am aware that the false information submitted in a lony as provided for in s.817.155, F.S.
Tu	welly M St. Helaire	0/10/17 Date
Req	uired signature/Incorporator	Date