

# P17000082228

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

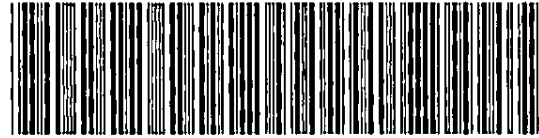
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 9, 2017

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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

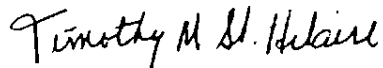
Dear Department:

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

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 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:** Timothy M St. Hilaire  
Name (Printed or typed)  
709 Cape Coral Parkway W  
Address  
CAPE CORAL, FL 33914  
City, State & Zip  
978-501-5210  
Daytime Telephone number  
T\_STHILAIRE20012001@yahoo.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)

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**ARTICLE I NAME**

The name of the corporation shall be: St. Hilaire Security Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

Mailing address, if different: 11252 FM 166  
Caldwell, TX 77836

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @ 1.00 PAR VALUE PER

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

Name and Title: Timothy M St. Hilaire Name and Title: \_\_\_\_\_

Address 11252 FM 166 Address: \_\_\_\_\_  
Caldwell, TX 77836

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

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 ST. CLAIR

Address: 709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

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 DEPARTMENT OF STATE

**ARTICLE VII INCORPORATOR**

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

Name: Timothy M St. Hilaire

Address: 11252 FM 166  
Caldwell, TX 77836

**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:*

Ronald St. Clair, CPA 10/10/17  
 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.*

Timothy M St. Hilaire 10/10/17  
 Required Signature/Incorporator Date