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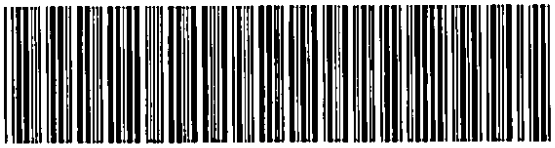

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SPI Security LLC.
(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	☒ $87.50 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 to be typed)

21 Freedom Dr
(Address)

Dallas Ga 30157
(City, State & Zip)

678-365-7427
(Daytime telephone number)

jshtax@gmail.com
(E-mail address required for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617 and or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be SPI Security Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
4840 Seascape Way	21 Freedom Dr
Jacksonville Fl. 32224	Dallas Ga 30157

ARTICLE III PURPOSE
The purpose for which the corporation is formed is Security & Consulting

ARTICLE IV SHARES
The number of shares of stock is 100

ARTICLE V INITIAL OFFICER INFORMATION

Name and Title: Shawn Pheobus Name and Title:
Address: 4840 Seascape Way Address:
Jacksonville Fl. 32224

Name and Title: Name and Title:
Address: Address:

Name and Title: Name and Title:
Address: Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____

Address: _____

_____

_____

Name and Title: _____

Address: _____

_____

_____

ARTICLE V: REGISTERED AGENT

The name and Florida street address of the registered agent is:

Name: Shawn Phoebus

Address: 4840 Seascape Way
Jacksonville, Fl. 32224

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TALLAHASSEE, FLORIDA

ARTICLE VI: INCORPORATOR

The name and address of the incorporator is:

Name: Shawn Phoebus

Address: 4840 Seascape Way
Jacksonville Fl. 32224

ARTICLE VII: EFFECTIVE DATE

Effective date if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, it cannot be before the date this document is filed 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 effective date on the Florida Department of State 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 obligations of my position as registered agent and agree to act in this capacity.

Shawn Phoebus
_____

10/22/17
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 may result in the filing of a false report in violation of s.817.155, F.S.

Shawn Phoebus
_____

10/22/17
Date