

P18000030729

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000105399 3)))



H180001053993ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 APR - 3 11:4:18

FILED

RECEIVED

2018 APR - 3 PM 3:29

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
WM FIRE AND SECURITY SERV. INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

APR 04 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:WM FIRE AND SECURITY SERV. INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10400 SW 164 STREET MIAMI FL
33157**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**William Montebagudo || (P)
Yibenia Carrillo || (V.P)SECRETARY
IN MIAMI
COUNTY
FLORIDA

18 APR -3 4:29

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

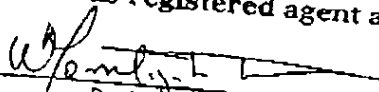
The name and Florida street address (PO Box not acceptable) of the registered agent is:

William Montebagudo
10400 SW 164 STREET MIAMI FL
33157**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:William Montebagudo
10400 SW 164 STREET MIAMI FL
33157

H18000105399

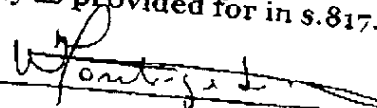
Required Signatures:

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


Registered Agent

4/13/18
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.


Incorporator

4/13/18
Date

FILED
18 APR -3 4:29
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

H18000105309