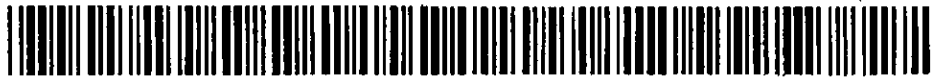


# P18000062917

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.**

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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

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TALLAHASSEE, FLORIDA

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NORTEC SECURITY CAMERAS INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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(18)

N CULLIGAN

JUL 2 / 2018

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**FILED**

2018 JUL 19 AM 9:33

**ARTICLE I NAME:** The name of the corporation is:SECRETARY OF STATE  
TALLAHASSEE, FLORIDANORTEC SECURITY CAMERAS Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14484 SW 58 TERRACEMIAMI, FL. 33183**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ROBERTO JOSE EDWARDS (PRESIDENT)SHARON A. ALI (TREASURER)LINDA R. EDWARDS (SECRETARY)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Roberto Jose Edwards14484 SW 58 TerraceMIAMI FL 33183**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Roberto Jose Edwards14484 SW 58 TerraceMIAMI FL 33183

H18000209587

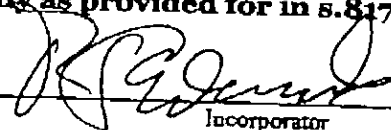
**Required Signatures:**

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

7/19/18  
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

7/19/18  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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