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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Bite Size Security, Inc**

|                       |  |         |
|-----------------------|--|---------|
| Certificate of Status |  | 0       |
| Certified Copy        |  | 1       |
| Page Count            |  | 02      |
| Estimated Charge      |  | \$78.75 |

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MAY 30 2019

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Bite Size Security, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
401 NW 188th Terrace  
Pembroke Pines, FL 33029

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Security Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: John Calvet, President

Address: 401 NW 188th Terrace  
Pembroke Pines, FL 33029

Name and Title: Dania Hernandez, VP

Address: 401 NW 188th Terrace  
Pembroke Pines, FL 33029

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

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

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

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

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

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

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

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

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LED

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: John Calvet  
Address: 401 NW 188th Terrace  
Pembroke Pines, FL 33029

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John Calvet  
Address: 401 NW 188th Terrace  
Pembroke Pines, FL 33029

**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*

\_\_\_\_\_  
Required Signature/Registered Agent  
05/28/2019  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
05/28/2019  
Date

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