

PR 000 044 531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

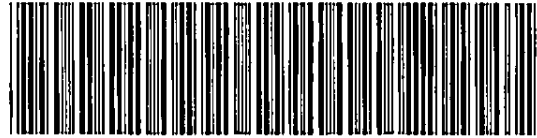
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/20/19--01032--028 **78.75

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19 MAY 20 PM 3:55
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COVER LETTER

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

SUBJECT: Soluciones de Seguridad 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: Durand Saberi

Name (Printed or typed)

26 San Patricio

Address

Rancho Santa Margarita, CA 92688

City, State & Zip

347-265-5568

Daytime Telephone number

living.off.xperience@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Soluciones de Seguridad Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

26 San Patricio

Rancho Santa Margarita, CA 92688

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Advanced security operation consulting

ARTICLE IV SHARES

The number of shares of stock is: 1000 common shares at par value \$.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Durand Saberi Name and Title: N/A

Address: President / Director / Officer Address: _____

26 San Patricio

Rancho Santa Margarita, CA 92688

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

(cont)

Name and Title: N/A Name and Title: N/A
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

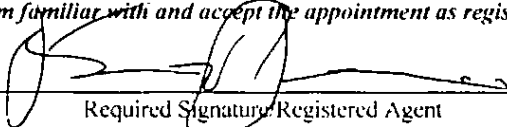
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Durand Saberi
Address: 26 San Patricio
Rancho Santa Margarita, CA 92688

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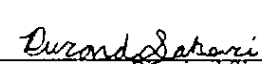
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

05/14/2019

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

05/14/2019

Date