PZOOOO16320 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.

(((H20000059955 3)))



H200000599553ABC2

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 : TPBS CORP

Account Number : I20190000112 Phone : (786)389-2779

Fax Number : (305)356-3688

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

Email Address: ame@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION BME WIRING SECURITY SYSTEMS INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

ZECETVED 2020 FEB 24 AM 8: 01

Help

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

	NCIPAL OFFICE Principal street address	211 E 19 S	Mailing address, i	if different	is:	
19 STREET EAH, FL 33010		HIALEAH,		-		
CICLE III PUI	RPOSE the the corporation is organized is:					
•	E SERVICES					
		· · · · · ·		≥ s	2020	
			· · · · · · · · · · · · · · · · · · ·	AH	0 FEB	
		<u>_</u>		HASS.	2	Ę -
_				- 	_70	
	•			20	င္	٠.
ICLE IV SIL	IKES				: 26	
ICLE V INI	IKES of stock is: 100 TIAL OFFICERS AND/OR DIRECTORS				26	PRES
ICLE V INI Name and T	IKES of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS itle: MANUEL ALFONSO ALVAREZ PRESIDENT	Name and Title	BEATRIZ SANCH	EZ CHINIQU	26	PRES
ICLE V INI	IKES of stock is: 100 ITAL OFFICERS AND/OR DIRECTORS itle: MANUEL ALFONSO ALVAREZ PRESIDENT		BEATRIZ SANCH	EZ CHINIQUEET	26	PRES
Name and T Address	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS THE: MANUEL ALFONSO ALVAREZ PRESIDENT 211 E 19 STREET HIALEAH, FL 33010	Name and Title Address: 	BEATRIZ SANCH 211 E 19 STRE HIALEAH, FL 3	EZ CHINIQUEET 33010	JE VICE	
Name and T Address	OF STOCK IS: 100 FIAL OFFICERS AND/OR DIRECTORS FILE: MANUEL ALFONSO ALVAREZ PRESIDENT 211 E 19 STREET	Name and Title Address: Name and Title	BEATRIZ SANCH 211 E 19 STRE HIALEAH, FL 3	EZ CHINIQUEET 33010	JE VICE	
Name and T Address Name and Ti	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS THE: MANUEL ALFONSO ALVAREZ PRESIDENT 211 E 19 STREET HIALEAH, FL 33010	Name and Title Address: Name and Title	BEATRIZ SANCH 211 E 19 STRE HIALEAH, FL 3	EZ CHINIQUEET 33010	JE VICE	
Name and T Address Name and Ti Address	of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS THE: MANUEL ALFONSO ALVAREZ PRESIDENT 211 E 19 STREET HIALEAH, FL 33010	Name and Title Address: Name and Title Address:	BEATRIZ SANCH 211 E 19 STRE HIALEAH, FL 3	EZ CHINIQUEET 33010	UE VICE	

		H200000599533
Name ar	nd Title:	Name and Title:
Address	s	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	MANUEL ALFONSO ALVAREZ	_
Address:	211 E 19 STREET	_
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HIALEAH, FL 33010	_
		_
ARTICLEYII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	MANUEL ALFONSO ALVAREZ	_
Address:	211 E 19 STREET	
	HIALEAH, FL 33010	_
ARTICLE VIII	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective	date is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
filing.)		
	e inserted in this block does not meet the applicable effective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been nar certificate, Lam	med as registered agont to accept service of process, familiar with and payent the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
	THIN .	02/22/2020
	Required Signature/Registered Agent	Date
I submit this de	cumunt and affirm that the facts stated herein are	e true. I am aware that the false information submitted in a
aocument to the	Department of State constitutes a third degree folia	ny as provided for in s. 617.155, F.S.
Required Signat	ure neorporator	05/27/20D
- 1	₩ [f