

P20000027228

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(Business Entity Name)

(Document Number)

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2020 MAR 31 AM 9:49  
SEAL STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2020

TONEY R CLINES  
861 W MADISON PLACE  
CITRUS SPRINGS, FL 33434

SUBJECT: A&T SECURITY SYSTEMS, INC.  
Ref. Number: W20000033355

2020 MAR 31 PM 4:20

We have received your document for A&T SECURITY SYSTEMS, INC. and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

There is a fee of \$25.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 820A00006858

## COVER LETTER

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

SUBJECT: A&T SECURITY SYSTEMS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
ADDITIONAL COPY REQUIRED

FROM: TONEY R. CLINES  
Name (Printed or typed)

261 W. MADISON PLACE  
Address

CITRUS SPRINGS, FL 34434  
City, State & Zip

(954) 608-3435  
Daytime Telephone number

toneyclines@att.net  
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: A3T SECURITY SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

861 W. MADISON PLACE  
CITRUS SPRINGS, FL 34434

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE FOR WHICH  
THE CORPORATION IS ORGANIZED IS THE  
TRANSACTION OF ANY OR ALL LAWFUL BUSINESS  
FOR WHICH CORPORATIONS MAY BE INCORPORATED  
UNDER THE FLORIDA CORPORATION ACT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Toney R. Clines, Chairman Name and Title:

Address: 861 W. Madison PL Address:

Citrus Springs, FL  
34434

Name and Title: Adriana M. Clines, Sec Name and Title:

Address: 861 W. Madison PL Address:

Citrus Springs, FL  
34434

Name and Title: Name and Title:

Address: Address:

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2020 MAR 31 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Toney R. Clines

Address: 861 W. Madison PL

Citrus Springs, FL 34434

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Toney R. Clines

Address: 861 W. Madison PL

Citrus Springs, FL 34434

**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:

Toney R. Clines  
Required Signature/Registered Agent

3/30/2020  
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 §817.155, F.S.

Toney R. Clines  
Required Signature/Incorporator

Date 3/30/2020

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DEPT. OF STATE  
TALLAHASSEE, FL