

# P200000071753

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUL 7 PM 3:48  
TALLAHASSEE, FL  
STATE

## COVER LETTER

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

SUBJECT: Low Voltage Solutions of SWFla, 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: Benito Quintanilla  
Name (Printed or typed)

1341 11th St SW

Address

Naples, FL 34117

City, State & Zip

(239) 253-4223

Daytime Telephone number

rosere@smithsmithassoc.com

E-mail address (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

STATE  
TALLAHASSEE, FL

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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: Low Voltage Solutions of SWFla, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1341 11th St SW

Mailing address, if different is:  
PO Box 990503

Naples, FL 34117

Naples, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

Low voltage security, audio and video systems

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Benito Quintanilla PVTS Name and Title: \_\_\_\_\_

Address 1341 11th St SW Address: \_\_\_\_\_  
Naples, FL 34117

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

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

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

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

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FILED  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
NAPLES, 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: Benito Quintanilla  
Address: 1341 11th ST SW  
Naples, FL 34117

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Benito Quintanilla  
Address: 1341 11th St SW  
Naples, FL 34117

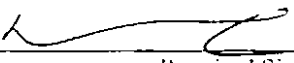
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 1, 2020 (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.)

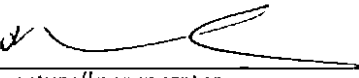
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

08/01/20  
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

Date 08/01/20  
2020 JUL -7 PM 3:49  
STATE  
HOSSEE, FL