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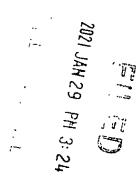
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK- JP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

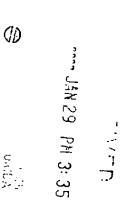
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COVER LETTER

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

	(PROPOSED CORPORA)		JDE SOFFIX)
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
from: <u>S</u>	ngene B	Where Sh (Printed or typed)	,
	725 Green	caf WR	. (
	la lahasse	State & Zip	9 32305 -7406

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

(850) 284-4582

Daytime Telephone number

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

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

The name of the corporation shall be: 30 Ter 5	ecurity agency INC.
ARTICLE II PRINCIPAL OFFICE Principal street address 725 Green (of Dr Tallahassee FL, 32305-740x	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Any Lawful business
	202
	JAN 29
ARTICLE IV SHARES The number of shares of stock is: 5	PH 3: 24
Name and Title: 7 - 2 use use in Address 25 Sheer Co	ToA (Name and Title:
Inlahassee	JoRida 32305
Name and Title:Address	
Address	

Name and Title:	Name and Title:	·
Address	Address:	
		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO	قد نت	
Name: Engene Buil	let I.	
4*-	eafol.	
lalahassee	Holida 3236	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: Eugene 15 u	reasol.	
Lallahass	500, HORIda 32	305
ARTICLE VIII EFFECTIVE DATE:	OPTIO	MALA
Effective date, if other than the date of filing:	cific and cannot be more than five d	ays prior or 90 days after the
Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing require	ements, this date will not be listed
Having been named as registered agent to accept ser certificate, I am familiar with and ascept the appoin	vice of process for the above stated corp tment as registered agent and agree to	poration at the place designated in act in this capacity
9		
Required Signature/Regis	tered Agent	Date
I submit this document and affirm that the facts s	tated herein are true. I am aware that	t the false information submitted
document to the Department of State constitutes a th	nra degree Jeiony as provided for in s.8	
(marrel) all		Date 01 -29-20