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Division of Corporations
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From:

Account Name : DOSSANTOS AND MACHADO,LLC
Account Number : 120140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: info@gfstaxacct.com

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FLORIDA PROFIT/NON PROFIT CORPORATION
ENGINEERING SECURITY WORLD CORP

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

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TALLAHASSEE, FLORIDA

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COVER LETTER

H23000021874 3

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

SUBJECT: ENGINEERING SECURITY WORLD CORP**(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:** JULIANA MACIADO, CPA

Name (Printed or typed)

11764 W SAMPLE RD STE 102

Address

CORAL SPRINGS, FL 33065

City, State & Zip

754-301-2128

Daytime Telephone number

INFO@GFSTANACCT.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)

H23000021874.3

ARTICLE I NAMEThe name of the corporation shall be: ENGINEERING SECURITY WORLD CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
1133 FAIRLAKE TRACE
APT 2009WESTON, FL 33326Mailing address, if different is:
1133 FAIRLAKE TRACE
APT 2009WESTON, FL 33326**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Nathalie de Almeida Goncalves - President Name and Title: _____Address: 1133 FAIRLAKE TRACE Address: _____APT 2009WESTON, FL 33326

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GFS TAX & ACCOUNTING SERVICES
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Nathalie de Almeida Goncalves - President
Address: 1133 FAIRLAKE TRACE APT 2009
WESTON, FL 33326

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

Juliana machado
Required Signature/Registered Agent

1/13/23
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.

[Signature]
Required Signature/Incorporator

Date

01/17/2023