

**P24000025906**

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION****Celeste Security, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: Celeste Security, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8305 Hammocks Blvd, Apt 5112

Miami, FL 33193

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Security Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Celeste Sanchez, President Name and Title: \_\_\_\_\_

Address 8305 Hammocks Blvd, Apt 5112 Address: \_\_\_\_\_

Miami, FL 33193

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

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

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

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

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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Celeste Sanchez  
 Address: 8305 Hammocks Blvd, Apt 5112  
Miami, FL 33193

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Celeste Sanchez  
 Address: 8305 Hammocks Blvd, Apt 5112  
Miami, FL 33193

**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:*

\_\_\_\_\_  
 Required Signature/Registered Agent

04/10/2024  
 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

04/10/2024  
 Date