

P95000002655

TRANSMITTAL LETTER

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

11000001 374271
-01710/95--01009--010
****122.50 ****122.50

SUBJECT: PERSONAL SECURITY INTERNATIONAL INC
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122,50.

FROM:

Karin Rohret

P O Box 10003

Clearwater, FL 34617

(813) 454-7318

Telephone Number

FILED

1995 JAN -9 12 10 45

1/11/95 P95-2655
Note: Please provide the original and one copy of the Articles.

ARTICLES OF INCORPORATION

OF

PERSONAL SECURITY INTERNATIONAL INC

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
1983 JUN -9 PM 3:45

ARTICLE I NAME

The name of the corporation shall be:

PERSONAL SECURITY INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13240 N Cleveland Ave
Ft Myers, FL 33903

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Comon Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Karin Rohret
P O Box 10003, 1500 Ridge Ave.
Clearwater, FL 34617

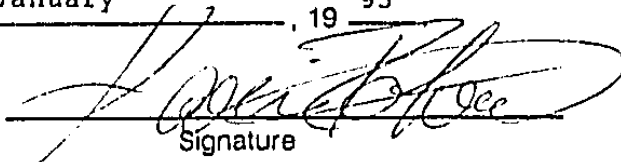
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Karin Rohret
3135 - 39th Ave N
St Petersburg, FL 33714

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of January, 19 95


Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

PERSONAL SECURITY INTERNATIONAL INC

2. The name and address of the registered agent and office is:

Karin Rohret

(NAME)

1500 Ridge Ave, PO Box 10003

(P.O. BOX NOT ACCEPTABLE)

Clearwater, FL 34617

(CITY/STATE/ZIP)

FILED
JAN 9 1995
TALLAHASSEE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____



DATE _____

Jan 4, 1995

P95000002653

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: Brian Joseph B. Figlio
Address: 2485 Piney Bark Dr.
VA Beach, VA 23456

Amount: \$35.00 PERSONAL SECURITY INTERNATIONAL INC. (CHARTER #P95000002655)

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Reason for Claim: Resignation as an officer of Personal Security International
not filed, therefore no resignation is required.

Section: Amendment Clerk: L. Jackson Date Processed: 10-11-95

CERTIFIED TRUE AND CORRECT this 18 day of Sept, 19 95.

B. J. B. Figlio
Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$35.00

The amount requested above was originally deposited into the State Treasury. State Treasurer's Receipt # 01011 - 005, Dated 07-24-95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE															
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0

Statutory Authority for Collection 607.0122
It is requested that payment be made from:
NAME OF ACCOUNT:

SAMAS ACCOUNT CODE															
4	5	2	0	2	1	3	0	0	0	1	4	5	3	0	0

Certified True and Correct this _____ day of _____, 19 ____.

Dept. of State, Div. of Corporations
Agency _____ Authorized Signature and Title _____

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

BonFylis
4355 SW 20th place
Cape Coral, FL. 33914

900001543629
-07/24/95--01011--005
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

581
789, 1054, 708, 691

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 3, 1995

Brian J. BonFiglio
4355 SW 20th Place
Cape Coral, FL 33914

SUBJECT: PERSONAL SECURITY INTERNATIONAL INC
Ref. Number: P95000002655

We have received your document for PERSONAL SECURITY INTERNATIONAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records do not indicate that you are an officer, director, or registered agent of the subject corporation. Therefore, no resignation is required.

Enclosed is an application for refund.

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 (904) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 595A00036603