

P95000011528

1831-3265-2

2/8/95

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95 FEB -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A SAFE AND SECURE

FFICE USE ONLY

3779 A NW 16TH STREET

LAUDERDALE HILL

FL 33313

500001402275
-02/09/95--01117--004
***122.50 ***122.50

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

ST
2-10-95

**ARTICLES OF INCORPORATION
OF
A SAFE & SECURE SECURITY SYSTEMS, INC.**

FILED
95 FEB -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be: A SAFE & SECURE SECURITY SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

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

4900 N.W. 15TH STREET
LAUDERHILL, FL 33313

ARTICLE III CAPITAL STOCK

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

1000 SHARES HAVING A PAR VALUE OF ONE DOLLAR
(\$1.00) PER SHARE. THE CONSIDERATION TO BE PAID
FOR EACH SHARE OF STOCK SHALL BE FIXED BY THE
BOARD OF DIRECTORS.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CHUCK MOGBO, P.A.
SUITE 124
2331 N. STATE ROAD 7
LAUDERHILL, FL 33313

ARTICLE V INCORPORATOR(S)

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

DENNAVAN FRANCIS
4900 N.W. 15TH STREET
LAUDERHILL, FL 33313

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 7th day of FEBRUARY, 1995.



Signature

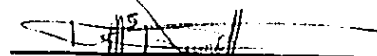
Signature

STATE OF FLORIDA

COUNTY OF BROWARD

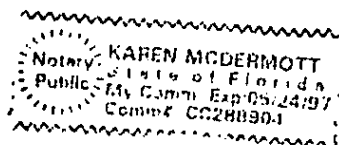
Before me, the undersigned authority, duly authorized to administer oaths and take acknowledgements, personally appeared the subscriber(s), who after first being duly sworn, executed the forgoing certificate of Incorporation, freely and voluntarily for the purpose therein expressed.

In witness whereof, I have hereunto set my hand and official seal at Fort Lauderdale, said county and state, this 7th day of FEBRUARY, 1995



NOTARY PUBLIC State of Florida
 at Large

My commission expires:



ARTICLE VI NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other State, Country, Territory or Nation.

ARTICLE VIII TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE VIII OFFICERS

The name(s) and post office address(es) of the members of the Board of Directors and officer(s) who shall hold office for the corporation is (are) as follows:

DENNEVAN FRANCIS/PRESIDENT
4900 N.W. 15TH STREET
LAUDERHILL, FL 33313

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

95 FEB -9 PM 3:22

SECRETARY OF STATE

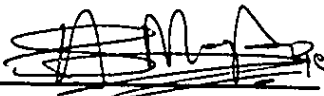
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: A SAFE & SECURE SECURITY SYSTEMS, INC.
2. The name and address of the registered agent and office is:

CHUCK MOGBO, P.A.
SUITE 124
2331 N. STATE ROAD 7
LAUDERHILL, FL 33313

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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

2/07/95

P95000011528

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: Chuck Morbo, P.A.
Address: 2331 North State Road 7, Ste. 124
Lauderhill, FL 33313
Amount: \$122.50

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:

First set of Articles and check for filing were lost in the
mail, new set sent and filed, first check found and validated.
Overpayment, request refund. A SAFE & SECURE SECURITY SYSTEMS, INC.
(P95000011528)
Section: New Filing Clerk: S. Tala Date Processed: 3/24/95

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19____.

(see attached)
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 \$ 122.50

The amount requested above was originally deposited into the State Treasury.
State Treasurer's Receipt # 0100 001, Dated 03/02/95

NAME OF ACCOUNT:

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

CHUCK MOGBO, P.A.
Certified Public Accountant

Suite 124
2331 North State Road 7
Lauderhill, Florida 33313
Tel (305) 739-4669
Fax (305) 739-0889

March 21, 1994

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

ATTENTION: SHARON TALA

Dear Sirs,

RE: LETTER NUMBER 495A00006050
A SAFE & SECURE SECURITY SYSTEMS, INC.

Please be advised that the captioned account was submitted for incorporation on January 23, 1995 with check #160, which was lost in the mail.

On February 8, 1995 another package was sent with check #190 by Federal Express, which was received and filed on February 19, 1995. This check was paid on 2/10/95.

Thereafter, on 3/3/95 our check #160 for \$122.50 which was previously lost, was paid again for the same account. Please send us a refund of \$122.50 as soon as possible. Enclosed is a copy of both paid checks front and back for your information.

Respectfully Yours,

Chuck Mogbo, P.A.

Chuck Mogbo
PRESIDENT

Enc.
/km

cpa

55 MAR 21 1994 12:56
MAR 21 1994

945 - 11528

OFFICE USE ONLY (Document #)

(Requestor's Name)

(Address)

(City, State, Zip)

(Phone #)

RECEIVED
55 MAR 24 PM 12:57
FBI - PHOENIX

700001418807
-03/02 95--01003--001
122.50 *122.50

OFFICE USE ONLY

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

1. A Safe + Secure Security original
(Corporation Name) (Document #) validation
2. Systems Inc lost
(Corporation Name) (Document #)
3. re-calculated
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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QUALIFICATION

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CHUCK MOGBO, P.A.
2331 N. STATE RD. 7, STE. 124
LAUDERHILL, FL 33317

160

63-1402/670
18

PAY TO THE ORDER OF DEPARTMENT OF STATE 1/23/95
ONE HUNDRED & TWENTY TWO \$ 122 ⁵⁰/₁₀₀
DOLLARS



808-018
491 N.W. 40th Avenue
Plantation, Florida 33317

FOR ASSET SECURITY SYSTEMS, INC.

[Signature]

⑈000160⑈ ⑆067014026⑆

3871296062⑈

⑈0000012250⑈

CHUCK MOGBO, P.A.
2331 N. STATE RD. 7, STE. 124
LAUDERHILL, FL 33317

190

63-1402/670
18

PAY TO THE ORDER OF DEPT. OF STATE 2/5/95
ONE HUNDRED & TWENTY TWO \$ 122 ⁵⁰/₁₀₀
DOLLARS



808-018
491 N.W. 40th Avenue
Plantation, Florida 33317

FOR ASSET SECURITY SYSTEMS, INC.

[Signature]

⑈000190⑈ ⑆067014026⑆

3871296062⑈

⑈0000012250⑈

A07

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800-5239498 > 0630000047<
06 142616 2056 03-03 JAX FL
06 142616 03-03 13

BARNETT JAX

03-03 JAX FL

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A07

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800-5239498 > 0630000047<
06 067543 2867 02-10 JAX FL
06 067543 02-10 13

BARNETT JAX

02-10 JAX FL

13

DEPT OF STATE 4500453
FOR DEPOSIT ONLY
01/23/95-01/03-001
⑈0000012250⑈