

P95000041236

TRANSMITTAL LETTER

FILED
95 MAY 22 PM 12:13
TALLAHASSEE, FLORIDA

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

SUBJECT: SECURITY CREATORS, INC.
(Proposed corporate name - must include suffix)

300001495883
-05/22/95--01020--006
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Susan C. Carlson
Name (printed or typed)

2904 Nipawin Ct
Address

Orlando FL 32837
City, State & Zip

(407) - 438-5777
Daytime Telephone number

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

D. BROWN MAY 25 1995

ARTICLES OF INCORPORATION

FILED
JUN 22 PM 12:13
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE, 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:

SECURITY CREATORS INC.

ARTICLE II PRINCIPAL OFFICE

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

2904 N. PAVIN CT
ORLANDO, FL
32837

ARTICLE III SHARES

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

N/A 5

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan C. Carlson
2904 N. PAVIN CT
ORLANDO, FL
32837

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Susan C. Carlson
2904 Nipawin Ct
Orlando, FL
32837

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

16 day of MAY, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: SECURITY CREATORS INC

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

Susan C. Carlson
(NAME)

2904 N. pawson ct
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, FL 32837
(CITY/STATE/ZIP)

FILED
MAY 22 PM 12:13
TALLAHASSEE, FLORIDA

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)

5/16/95
(DATE)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000041236**

1. Corporation Name

SECURITY CREATORS INC.

FILED

96 OCT 11 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2904 NORTH PAWIN COURT
ORLANDO FL 32837

Mailing Address

2904 NORTH PAWIN COURT
ORLANDO FL 32837

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1995

Suite, Apt. #, etc.

2904 NIPAWIN COURT

City & State

ORLANDO FL

Zip

32837

Country

Suite, Apt. #, etc.

2904 NIPAWIN COURT

City & State

ORLANDO FL

Zip

32837

Country

5. FEI Number

59-3310858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SUSAN CARLSON	2904 NIPAWIN COURT ORLANDO, FL 32837	

800001983548--9
-10/23/96--01019--005
****375.00 ****375.00

8. Name and Address of Current Registered Agent

CARLSON, SUSAN C
2904 NORTH PAWIN COURT
ORLANDO FL 32837

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date X 10/2/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/2/96 407-438-5777

Date

Daytime Phone #