PULOODO DO 1042/ Requestor's Name Address Mami 133/55 City/State/Zip Phone # TALLA. MODE E. FLORIDA Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time □ Walk in Certified Copy Photocopy ☐ Will wait Mail out Certificate of Status NEW FILINGS AMENDMENTS 0H2/3/196 Profit Amendment Resignation of R.A., Officer/ Director NonProfit Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 17, 1996

FRANKI CORDOVA 6102 SW 56 ST MIAMI, FL 33155

SUBJECT: ALARM CENTRAL INC. Ref. Number: W96000026424

We have received your document for ALARM CENTRAL INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6915.

Letter Number: 896A00056163

Pamela Hall Document Specialist

TRANSMITTAL LETTER

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

SUBJECT:	Alarm Central I	nc	
	(Proposed corporate name - must include suffix)		
Enclosed is an original	and onc(1) copy of the articl	es of incorporation and a	check for :
\$70.00	\$78.75	□\$122.50	\$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
·	& Certificate	& Certified Copy	Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Franki Cordova		
	Name (Printe	ed or typed)	
	6102 sw 56 stre	o.t	
-	Add		
	Miami, Florida		
	City, Sta	te & Zip	
	(305) 667-4517		
- 1700-0-1	Daytime Teler	phone number	

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

ARTICLES OF INCORPORATION

FILED

96 DEC 31 AN 11: 48

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:

Alarm Central Inc.

ARTICLE II PRINCIPAL OFFICE

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

6102 sw 56 street Miami, Florida 33155

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Franki Cordova 6102 sw 56 street

Miami, Florida 33155

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):

Franki Cordova 6102 sw 56 street Miami, Florida 33155 Alex Pi 7083 sw 22 street Miami, Florida 33155

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

Signature
Signature

Notarization is not required

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

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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:	ALARM CENTIAL INC.	_
2. The name and address of the reg	istered agent and office is:	-
	FRANKI CORDOVA	
	Box or Mail Drop Box NOT ACCEPTABLE)	
<u></u>	UM: EL 33155 (CITY/STATE/ZIP)	

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) 12/18/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314