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TRANSMITTAL LETTER

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\*\*\*\*\*87.50 \*\*\*\*\*87.50

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

SUBJECT: Capital Security Trust Inc.  
(Proposed corporate name - must include suffix)

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 of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Norton Slatkin  
Name (Printed or typed)

7154 n. University Dr.  
Address

Tamarae Fl. 33321  
City, State & Zip

Att  
JAN 14 1999  
954 677 0105  
(954) 567 2703  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JAN 14 AM 11:48

FILED

CB  
1/22

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

Capital Security Trust, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

7154 N. University Drive #168  
Tamarac FL 33321

### 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 Florida street address of the initial registered agent are:

Norton Slatkin  
420 NW 33rd Street  
Oakland Park FL 33309

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Norton Slatkin  
420 NW 33rd Street  
Oakland Park FL 33309

  
\_\_\_\_\_  
Signature/Incorporator

1/11/99  
\_\_\_\_\_  
Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

1/11/99  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA