TRANSMITTAL LETTER



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

SUBJECT:	(Proposed corporate name - must include suffix)					
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	a check for :			
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status Status			
FROM:	William Name (Pa	丁、	on III			
	ZZY Slad	e Dr	00000295 -08/13/99- *****87.5	-01069002		
	Longwood City,	Florida State & Zip	32750	- .		
	(407)	830-58 Z.C				

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

TS8/19/99

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		
	corporation shall be:		
	D.A.C.	Security, Inc.	

ARTICLE II PRINCIPAL OFFICE

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

224 Slade Prive Longwood, Florida 32750

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS			
The name and Florida street address of the initial registered agent are:	≥	မွှ	
william T Shilson III	55	A	
224 Slade Drive	₹£	AUG	
Longwood, Florida 32750	SS HA	<u></u>	<u> </u>
ARTICLE V INCORPORATOR	ĔĆ	_	
The name and address of the incorporator to these Articles of Incorporation are:	7	=	
William T. Shilson III	ORI	 N	
zzy slade Drive	DA Tr	N	
Longwood, Florida 32750			
1 /m & 8-12-9°	3	-	
Signature/Incorporator 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 8-17-99