

P23000021989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

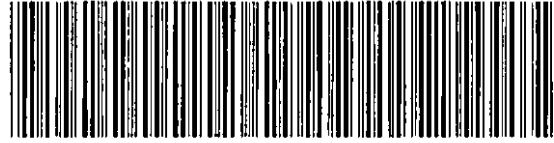
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



200405301212

S. CHATHAM
MAR 24 2023

03/24/23--03001--023 **87.50

FILED RECEIVED
2023 MAR 24 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2023 MAR 24 AM 8:50

COVER LETTER

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

SUBJECT: LUXURY ALARM MONITORING, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: MATTHEW LEEDS
Name (Printed or typed)

1901 SW 55TH LANE
Address

OCALA, FL 34471
City, State & Zip

352-857-7990
Daytime Telephone number

MLEEDS19@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LUXURY ALARM MONITORING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1901 SW 55TH LANE
OCALA, FL 34471

Mailing address, if different is:
1901 SW 55TH LANE
OCALA, FL 34471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MATTHEW LEEDS, PRESIDENT Name and Title: ROBERT HANSEN, VP

Address: 1901 SW 55TH LANE Address: 1901 SW 55TH LANE
OCALA, FL 34471 OCALA, FL 34471

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MATTHEW LEEDS
Address: 1901 SW 55TH LANE
OCALA, FL 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MATTHEW LEEDS
Address: 1901 SW 55TH LANE
OCALA, FL 34471

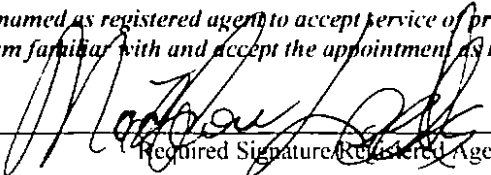
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

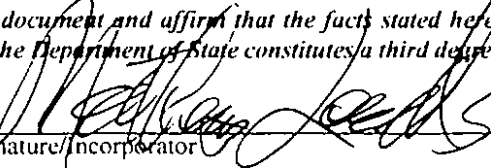
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3-23-2023
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

3-23-2023
Date

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