## **Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number : (845)818-3588

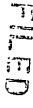
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION SLG AV South, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu



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

CLE II PRINCIPAL OFFICE		
Principal street address	Mailing address, if differen	t is:
Hillsboro Mile oro Beach, Fla 33062	Hillsboro Mile Hillsboro Beach, Fla 33062	
CLE III PURPOSE	zed is: General business; Security and wiring business	
arpose for which the corporation is organi		
CLE IV SHARES 200		
CLE IV SHARES 200 umber of shares of stock is:		
CLE IV SHARES umber of shares of stock is:		
CLE IV SHARES 200 umber of shares of stock is:  CLE V INITIAL OFFICERS AND/OR		
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Name and Title:		Name and Title:				
Addres	5	Address:				
		<u> </u>	<u> </u>			
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered equation				
Name:	John Spirito	or the registered agent is.				
Address:	1167 Hillsboro Mile Hillsboro Beach,	<del>_</del>				
. 1001 0001	Fla 33062					
ARTICLE VII	<u>INCORPORATOR</u>	_	2025 JAN 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
The name and a	ddress of the Incorporator is:		1 1			
Name:	John Spirito		1			
Address:	1167 Hillsboro Mile Hillsboro Beach,					
	Fla 33062		Po 3: 10			
Effective date, if (If an effective of filing.)  Note: If the date	EFFECTIVE DATE:  other than the date of filing: date is listed, the date must be specific and came inserted in this block does not meet the applicable offective date on the Department of State's records	not be more than five days p le statutory filing requirement	rior or 90 days after the			
certificate, I am j	ned as registered agent to accept service of process familiar with and accept the appointment as registe	ered agent and agree to act in i	m at the place designated in this this capacity			
Ву:	Required Signature/Registered Agent		1, 23. 202 (			
			24.0			
document to the	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the fa ny as provided for in s.817.155	alse information submitted in a 5, F.S.			
	In 5, m 20		12.204			
Required Signati	ire/Incorporator	Da	1.23-20-E			