P02000133872

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dadinos Enaly Harre)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY CE STATE
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TRANSMITTAL LETTER

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

SUBJECT: FU	LL THROTTLE SECURITY			_
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	-
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	GUY SKODMIN	(Printed or typed)		of dat = − makes i.e. v ²⁷
-	2302S.E. MONTAUK ST.			
PORT SAINT LUCIE FL. 34952 City, State & Zip				
	772 486-2357			
	Daytime 7	elephone number		

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

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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: FULL THROTTLE SECURITY CORP.,	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2302 S.E. MONTAUK ST. PORT SAINT LUCIE FL. 34952	02 DF SEGRE
ARTICLE III PURPOSE The purpose for which the corporation is organized is: RISK MANAGEMENT	FILED DEC 20: MID RETARY OF STA ANIASSEE, FLOR
ARTICLE IV SHARES The number of shares of stock is: 100	38 NDA
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): GUY SKODMIN PRESIDENT KAREN SKODMIN TREASURER	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Cvy Skedmin 2302 S.E. Montank st. Port saint Lucie FL. 34952	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ann Skodman	