

P20000035373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

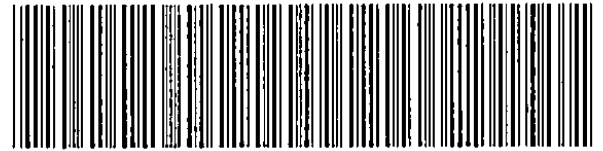
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALL ADAMS COUNTY

MAY 13 2020

Assembly



**COGENCYGLOBAL**

115 N CALHOUN ST., STE  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **May 12, 2020**

Account#: 120000000088

Name: **KEN HOWELL**

Reference #: **1220036**

Entity Name: **3 SHIELD COMPANY**

☒ **Articles of Incorporation/Authorization to Transact Business**

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ **Other: CERTIFIED COPY UPON FILING**

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$78.75**

Signature: 

• CORPORATE HQ  
COGENCY GLOBAL INC  
10 E 40 ST 10 FL  
NY NY 10016  
800.221.0102  
+1.212.947.7200

• EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES  
REGISTERED OFFICE  
6 BEVIS MARKS, 1 FLD  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12 FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

## COVER LETTER

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

SUBJECT: 3 Shield Company  
(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      ~~×~~ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

— \$78.75      — \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
ADDITIONAL COPY REQUIRED

FROM: Kenneth D. McDowell  
Name (Printed or typed)  
10508 Egret Haven Lane  
Address  
Riverview, FL 33578  
City, State & Zip  
813.389.3617  
Daytime Telephone number  
mcdowell.ken17@gmail.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:

3 Shield Company

ARTICLE II PRINCIPAL OFFICE

10508 Egret Haven Lane  
Riverview, FL 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Executive search and recruitment

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth D. McDowell - President

Address

10508 Egret Haven Lane  
Riverview, FL 33578

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED  
2020 MAY 13 PM 12:12  
TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

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: COGENCY GLOBAL INC.

Address: 115 North Calhoun Street, Suite 4  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tina Fingl

Address: 200 S. Wacker Dr., Suite 1300  
Chicago, IL 60606

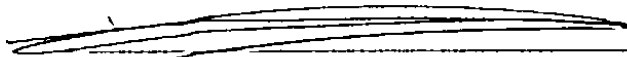
**ARTICLE VIII EFFECTIVE DATE:**

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

Asst. Secretary

5-13-2020

Date

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

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

05/12/2020

Date