

F110000004794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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W11000058642



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11 NOV 28 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/30

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MAXX Protective Services, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debra L. Dupree  
Name of Person

MAXX Protective Services, Inc.  
Firm/Company

1535 Killearn Center Blvd, Suite B-3  
Address

Tallahassee, FL 32309  
City/State and Zip code

ddupree@maxxprotective.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra L. Dupree at ( 229 ) 226-6528  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2011

DEBRA L. DUPREE  
1535 KILLEARN CENTER BLVD.  
SUITE B-3  
TALLAHASSEE, FL 32309

SUBJECT: MAXX PROTECTIVE SERVICES, INC.  
Ref. Number: W11000058642

We have received your document for MAXX PROTECTIVE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00026223

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAXX Protective Services, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Georgia 3. 27-4980573  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. February 15, 2011 5. June 30, 2013  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1535 Killbuck Center Blvd, Suite B-3 Tallahassee, FL 32309  
(Principal office address)
- same as above  
(Current mailing address)
8. Security Training  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Debra L. Dupree
- Office Address: 1535 Killbuck Center Blvd, Suite B-3  
Tallahassee, Florida 32309  
(City) (Zip code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Debra L. Dupree  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Debra L. Dupree

Address: 1535 Killcarn Center Blvd, Suite B-3  
Tallahassee, FL 32309

Vice Chairman: Maxx T. Dupree

Address: 1596 Myrick Rd.  
Thomasville, GA 31792

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Debra L. Dupree

Address: 1535 Killcarn Center Blvd, Suite B-3  
Tallahassee, FL 32309

Vice President: Maxx T. Dupree

Address: 1596 Myrick Rd.  
Thomasville, GA 31792

Secretary: Gale J. Dupree

Address: 1596 Myrick Rd. Thomasville, GA 31792

Treasurer: Gale J. Dupree

Address: 1596 Myrick Rd. Thomasville, GA 31792

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. John J. Dupree

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

FILED  
11 NOV 28 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Control No. 11012365

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

FILED  
11 NOV 28 PM 2:20  
SECRETARY OF STATE  
JULIA M. SHERIFF, CLERK

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

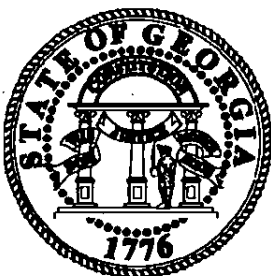
### MAXX PROTECTIVE SERVICES INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 02/15/2011 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of November, 2011

*B. P. Kemp*

Brian P. Kemp  
Secretary of State