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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2018

DERRICK HARRIS 1672 CIMARRON HILLS DRIVE APOPKA, FL 32703

SUBJECT: SHIELD INC

Ref. Number: W18000023109

We have received your document for SHIELD INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P97000053545.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 618A000047

COVER LETTER

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

SUBJECT: _ SOFCC LNC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

F1\$78.75 Filing Fee & Certified Copy \$87.50

Filing Fee, **Certified Copy**

Status

& Certificate

ADDITIONAL COPY REQUIRED

1672 CIMATION HILS de INE Address
APODKA Fl 3273
City. State & Zip

Pastord @ Sofcc.ueT
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 617, F.S., (Not for Profit)

The name of the corporation shall be Soface /NC	C
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 1072 CIMARION HILS de	Mailing address, if different is:
APOPKA, FI 32703	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: BECOME MORE ORGANIZE IN HOW	TO Train navage and Staff
MEADELS by uste every 2 years	er in which the directors are elected and appointed: By Appointed
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	<u> </u>
Name and Title: Bety HACLIS/ Secretary	Name and Title: Dandell Deles/Trustee Address: 1300 Cotto O Greene St
Saginan, Mich 48601	
Name and Title: Desset Horses / Decaded	Name and Title:
Address 1672 Comasion Hills days APBOKA, Fl 32703	Address:
Name and Title:	
Address	

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	<u></u>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O.	Box NOT acceptable) of the registered agent is:	
Name: Derruck Hr	ters	
	on Hills Dove	
APOPKA Flord	H 32703	⊼ 5
ARTICLE VII INCORPORATOR The name and address of the Incorporator is	s:	APR 10 PH 4: 07
Name: Darick HAr	rus	
Address: 1672 Cimano	N Hills Dave	
APORK+, Flore	dia 3273	•
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing (If an effective date is listed, the date must	g: (OPTION st be specific and cannot be more than five day	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requiren nt of State's records.	nents, this date will not be listed as the
certificate, I am familiar with and accept th	accept service of process for the above stated a eappointment as registered agent and agree to a	
Devel Lz	ure of Registered Agent	$\frac{2/28/18}{\text{Date}}$
I submit this document and affirm that the	facts stated herein are true. I am aware that any	false information submitted in a document
to the Department of State constitutes a thir	d degree felony as provided for in s.817.155, F.S	
Required Si	gnature of Incorporator	2/28/18 Date
Required St	Oracara at meastermes.	