30246

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

> Ray - Guard Protective Solutions, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

****87.50

Enclosed is 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

3 \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: David W. Watkins

Name (Printed or typed)

8414 Gulf Way

Address

Hudson, FL 34667

City, State & Zip

(727) 808-6179

Daytime Telephone number

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

ARTICLES OF INCORPORATION Let a live a write Chapter 607 and low Chapter 621. E.S. (Profit)	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2000 MAR 14 AM 7: 39
ARTICLE I NAME	ACCOUNT BY OF CIATE
The name of the corporation shall be:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Ray-Guard, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of hygings/mailing address is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
To run a for-profit business	
ARTICLE IV SHARES The number of shares of stock is:	madirida que magadas e e forme e e e e e e e e e e e e e e e e e e
100 shares	
ARTICLE V INITIAL OFFICERS DIRECTORS	والمراجع والمتلاء الماسية المستعلقات
The name(s) and address(es): Ryan D. Watkins David W. Watkins 8414 Gulf Way Hudson, FL 34667 Hudson, FL 34667	
ARTICLE VI REGISTERED AGENT	etti il di si e e e e e e di di di di
The <u>name and Florida street address</u> registered agent are: David W. Watkins 8414 Gulf Way Hudson, FL 34667	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator are: David W. Watkins 8414 Gulf Way Hudson, FL 34667 ***********************************	*********
Having been named as registered agent and to accept service of process for the above stated corporathis certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.	ition at the place designated in

the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the

obligations of my position as registered agent.

Signature/Registered Agent

Signature/Incorporator