

PO 2000062219

TRANSMITTAL LETTER

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

FILED
02 JUN -5 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Asset Protection Service, Inc
(Proposed corporate name - must include suffix)

100005692961--4
-06/05/02--01063--006
*****78.75 *****78.75

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
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

RECEIVED

02 JUN -5 PM 2:09

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FROM: Robert Lyons
Name (Printed or typed)

2901 N Birch Blvd
Address

Tampa, Fla. 33618
City, State & Zip

1-813-230-4208
Daytime Telephone number

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

6/5/02 *[Signature]*

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
Asset Protection Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
2901 W. Busch Blvd
Suite # 1005
Tampa, Fla. 33618

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:
Robert Lyons
2901 W. Busch Blvd Ave.
Suite # 1005
Tampa, Fl. 33618

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Robert Lyons
2901 W. Busch Blvd. Ave
Suite # 1005
Tampa, Fla. 33618



Signature/Incorporator

6-1-02

Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 status 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

6-1-02

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA