# P03000060050

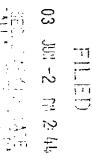
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<del></del>
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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W-13174

## TRANSMITTAL LETTER

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

SUBJECT: Ass	set Protection Technologies	*		
	(PROPOSED CORPORA	TE NAME – <u>MUSITINGE</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:	
\$70.00	<b>□</b> \$78.75	<b>□</b> \$78,75	<b>2</b> \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	David Hold			
FROM.	Name (Printed or typed)			
	420 SE 19th Street			
	Address			
	Fort Lauderdale, Florida 33316			
	City	, State & Zip		
	786-436-2038			
	Daytime	Telephone number	·····	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 8, 2003

DAVID HOLD 420 SE 19 STREET FORT LAUDERDALE, FL 33316

SUBJECT: D2, INC.

Ref. Number: W03000013174

We have received your document for D2, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please provide original signatures for the RA and the Incorporator...

If you have any further questions concerning your document, please call (850) 245-6931.

Letter Number: 903A00028549

Becky McKnight Document Specialist New Filings Section

Division of Cornerations - P.O. ROX 6327 -Tallahassee Florida 32314

#### 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:

Asset Protection Technologies, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

420 SE 19th Street, Fort Lauderdale Florida 33316

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

### ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**David Hold President** 

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

David Hold 420 Se 19th Street Fort Lauderdale Florida 33316

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Hold 420 SE 19th Street Fort Lauderdale, Florida 33316

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

Signature/Registered Agent

Signature/Incorporator

5/16/0)

Date /