

PD3000100327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

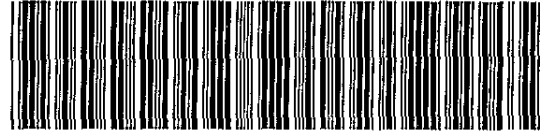
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TALLAHASSEE, FLORIDA

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✓ 9/13

## TRANSMITTAL LETTER

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

SUBJECT: FIRST LINE OF DEFENSE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status  
**ADDITIONAL COPY REQUIRED**

FROM: JOHN ALONSO  
Name (Printed or typed)

P.O. BOX 4851  
Address

SEMINOLE, FLORIDA 33775  
City, State & Zip

727-394-0232  
Daytime Telephone number

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

**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:

FIRST LINE OF DEFENSE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

12264 104TH AVE NO.  
LARGO FL.33778

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFIT

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

JOHN ALONSO  
12264 104TH AVE NO.  
LARGO, FL. 33778

**ARTICLE VI REGISTERED AGENT**

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

JOHN ALONSO  
12264 104TH AVE N.  
LARGO, FL. 33778

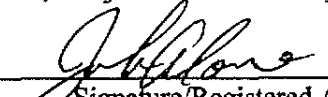
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


JOHN ALONSO  
12264 104TH AVE NO.  
LARGO, FL.33778

\*\*\*\*\*

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 familliar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

9/3/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/3/03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA