

Division of Corporations

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**P03000125707**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : MORRIS A. LECOMPTE, P.A.  
Account Number : 072100000461  
Phone : (727) 896-1000  
Fax Number : (727) 896-1009

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**FLORIDA PROFIT CORPORATION OR P.A.**

SkyWay Protection Agency, Inc.

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ARTICLES OF INCORPORATION  
OF  
SKYWAY PROTECTION AGENCY, INC.

The undersigned, for the purpose of forming a corporation under the provisions of Chapter 607 of the Florida Statutes, hereinafter referred to as the Corporation, hereby agrees to the following:

ARTICLE I  
NAME

The name of the Corporation shall be SkyWay Protection Agency, Inc..

ARTICLE II  
PRINCIPAL OFFICE AND MAILING ADDRESS OF CORPORATION

The initial principal office of the Corporation shall be 6021 142<sup>nd</sup> Avenue North, Clearwater, Florida 33760. The initial mailing address of the Corporation shall be 6021 142<sup>nd</sup> Avenue North, Clearwater, Florida 33760.

ARTICLE III  
REGISTERED OFFICE AND AGENT

Section 1. The street address of the initial registered office of the Corporation shall be 800 Second Avenue South, Suite 380, St. Petersburg, Florida 33701.

Section 2. The name of the initial registered agent of the Corporation located at said address shall be MORRIS A. LeCOMPTE.

ARTICLE IV  
CAPITAL STOCK

The authorized capital stock of the Corporation shall be TEN THOUSAND (10,000) shares of common stock having a par value of \$0.001 per share.

SKYWAYGLOBAL/SKYWAYPROTECTIONAGENCY/  
ARTICLESOFINCORPORATION.WPD

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**ARTICLE V**  
**DIRECTORS**

The number of Directors comprising the Board of Directors of the Corporation, and the terms under which they shall be elected and hold office, shall be as provided in the ByLaws of the Corporation. Notwithstanding the foregoing, the initial Board of Directors of the Corporation shall consist of one (1) Director, whose name and address is as follows:

**Name**

John Arceneaux

**Address**6021 - 142<sup>nd</sup> Avenue North  
Clearwater, Florida 33760

**ARTICLE VI**  
**INCORPORATOR**

The name and address of the incorporator is:

**Name**

MORRIS A. LeCOMPTE

**Address**Morris A. LeCompte, P.A.  
800 Second Avenue South  
Suite 380  
St. Petersburg, Florida 33701

IN WITNESS WHEREOF, for purposes of forming a corporation under the laws of the State of Florida, the undersigned executed these Articles of Incorporation on this 4th day of November, 2003.

  
MORRIS A. LeCOMPTE, Incorporator


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**CERTIFICATE OF DESIGNATION AND ACCEPTANCE  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501 of the Florida Statutes, the following corporation, organized under the laws of the State of Florida, submits this statement for the purpose of designating the registered office/registered agent in the state of Florida and evidencing the registered agent's acceptance of that position.

1. The name of the Corporation is: SkyWay Protection Agency, Inc.
2. The name and address of the registered agent and office is:  
MORRIS A. LeCOMPTE  
Morris A. LeCompte, P.A.  
800 Second Avenue South  
Suite 380  
St. Petersburg, Florida 33701

  
MORRIS A. LeCOMPTE  
Incorporator

Dated this 4<sup>th</sup> day of November, 2003.

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 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.

  
MORRIS A. LeCOMPTE

Dated this 4<sup>th</sup> day of November, 2003.

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