

P05000/50356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: ASSET PROTECTION AGENCY, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: YANCEY MADDEN  
Name (Printed or typed)

4417 13th STREET STE 509  
Address

SAINT CLOUD, FL. 34769  
City, State & Zip

321-402-8896  
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:

ASSET PROTECTION AGENCY, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4417 13th STREET STE 509  
SAINT CLOUD, FL 34769

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

YANCEY MADDEN, PRESIDENT  
4417 13 STREET STE 509  
SAINT CLOUD, FL. 34679

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

YANCEY MADDEN  
4417 13 STREET STE 509  
SAINT CLOUD, FL. 34679


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

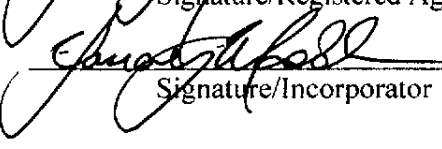
YANCEY MADDEN  
4417 13 STREET STE 509  
SAINT CLOUD, FL. 34679

\*\*\*\*\*

*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

10/30/05  
\_\_\_\_\_  
Date

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

10/30/05  
\_\_\_\_\_  
Date

05 NOV 10 PM 5:08  
CLERK OF STATE  
TALLAHASSEE, FLORIDA