P06000064356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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05/05/06--01026--010 **70.00

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2006 MAY -5 P 3:32

20.00

COVER LETTER

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

SUBJECT: Man in the Shadow INVESTIGATIONS, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- [x] $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: Brian F. Larson
Name (Printed or typed)

P.O. Box 52635
Address

Sarasota, FL. 34232
City, State & Zip

(941) 355-4007
Daytime Telephone number

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

STATE of Florida
Michele/Div. of Licensing
230 Bal Harbor Blvd
Punta Gorda, fl 33950

5/2/06
Brian Lorson
2248 Silver Maple CT
Sarasota, fl. 34239
Cell (941) 915-3490
Bus # (941) 355-4007

RE. INCorporation of "A" Lic # A2500028

Dear Michele, State of Florida,
Per your request and my desire Enclosed you will find the following:

1 ~~Copy~~ & original "A" Lic. certificate
2 Copies of Cover letter to state for proposed Corp. name with P.O Box address to state
3 Copy of Articals of Corp. to state
4 Copy of form 2553 with EIN number to state
5 $10.00 check for processing

This is to change the name of my business from Man in the Shadow INV. Services (Sole-proprietor. TO Man in the Shadow INVESTIGATIONS, INC. (Corp)

Can ~~it~~ use my P.O. Box # on the Agency Certificate? Also my Business mailing address.

Bri- F. Lorson

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Man in the SHADOW INVESTIGATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O Box 52635
Sarasota, Fl. 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"Professional Corporation"
Open an INVESTIGATION agency as a Corp.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brian F. Larson, President

ARTICLE VI REGISTERED AGENT

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

Brian F. Larson
2240 Silver Maple ct
Sarasota, Fl. 34234

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Brian F. Larson
2240 Silver Maple ct
Sarasota, Fl. 34234

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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

Brian F. Larson — Signature/Registered Agent — 5/2/06 — Date

Brian F. Larson — Signature/Incorporator — 5/2/06 — Date

Brian F. Larson