

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax at number (shown below) on the top and bottom of all pages of the document.

(((H07000278499 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILLIAM J. STRANGE

Account Number: I19980000052

Phone : (305)267-2767

: (305)267-2775 Fax Number

# FLORIDA PROFIT/NON PROFIT CORPORATION

A1 TOTAL PROTECTION, INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H07000278499

# ARTICLE OF INCORPORATION OF

#### AI TOTAL PROTECTION, INC

The undersigned Subscriber desiring to form a corporation in the State of Florida, hereby makes, signs, and subscribes these Articles of Incorporation in order to form a corporation under the laws of the State of Florida, and hereby adopts the following Articles of Incorporation for such corporation.

#### **ARTICLE 1 - NAME**

The name of the corporation shall be:

AI TOTAL PROTECTION, INC.

FILED 1: 22

JUNION IN P 1: 22

TARCAHASSEE, FLORIGA

The principal place of business of this corporation shall be:

# 150 OCEAN LANE DRIVE #3-A KEY BISCAYNE FLORIDA 33149

#### ARTICLE II - NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III - CAPITAL STOCK

The aggregated number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

SHARES#

PAR VALUE

STOCK DESCRIPTION

1.00

\$1.00

Common Stock

#### ARTICLE IV - TERM OF EXISTENCE

WILLIAM J. STRANGE 1325 S.W 87<sup>TII</sup> Avc. – Miami , Florida 33174 PHONE (305)267-2767 FAX (305)227-2775 H07000278499

H07000278499

This corporation shall have perpetual existence.

# **ARTICLE V - OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

# **BOARD OF DIRECTORS:**

OFFICER'S TITLE

NAME

**ADDRESS** 

President:

MARIA I. GUTIERREZ

150 OCEAN LANE DR #3-A

KEY BISCAYNE, FLORIDA 33149

Secretary:

MARIA I. GUTIERRÉZ

150 OCEAN LANE DR #3-A

KEY BISCAYNE, FLORIDA 33149

Treasury:

ANTONIO BISCHOFF

150 OCEAN LANE DR #3-A KEY BISCAYNE, FLORIDA 33 (49)

### <u>ARTICLE VI - INCORPORATOR(S)</u>

The name(s) and the street address(es) of the Incorporator(s) to this articles of incorporation is (are):

NAME

MARIA I. GUTIERREZ

**ADDRESS** 

150 OCEAN LANE DR #3-A KEY BISCAYNE, FLORIDA 33149

IN WITNESS WHEREOF, the undersigned Incorporator(s) has (have) executed these Articles of Incorporation this \_\_\_\_\_\_\_

day of wavember, 2007.

Signature(s) of Incorporator(s)

Mario I. Cretwork

WILLIAM J. STRANGE 1325 S.W 87<sup>TH</sup> Avc. - Miami , Florida 33174 PHONE (305)267-2767 FAX (305)227-2775 H07000278499

H07000278499

## <u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statues, the undersigned corporation, organized under the law of the State of Florida, submits the following statements in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

## AI TOTAL PROTECTION, INC.

2. The name and address of the registered agent and office is:

NAME
MARIA I. GUTIERREZ

SIGNATURE

Main \_ GO Ledux

SIGNATURE

PRESIDENT

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE