

P08000020226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

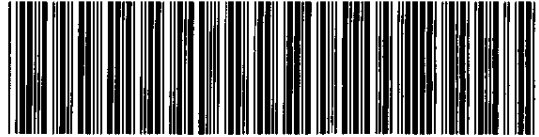
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200116777942

02/07/08--01049--002 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 25 PM 4:21

W0800000 7005



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2008

ALLAN CLARKE
816 NW 11TH STREET APT .#609
MIAMI, FL 33136

SUBJECT: CLARKE PROTECTIVE SERVICES, INC.
Ref. Number: W08000007005

We have received your document for CLARKE PROTECTIVE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 408A00008495

COVER LETTER

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

SUBJECT: CLARKE PROTECTIVE SERVICES, 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: ALLAN CLARKE

Name (Printed or typed)

816 NW 11TH STREET UNIT#609

Address

MIAMI, FL 33136

City, State & Zip

305-725-7784

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:

CLARKE PROTECTIVE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

816 NW 11TH STREET UNIT#609

MIAMI, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SECURITY GUARD SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALLAN CLARKE

816 NW 11TH STREET UNIT# 609

MIAMI, FL 33136

PRESIDENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 25 PM 4: 22

ARTICLE VI REGISTERED AGENT

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


ALLAN CLARKE
816 NW 11TH STREET UNIT#609
MIAMI, FL 33136

ARTICLE VII INCORPORATOR

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

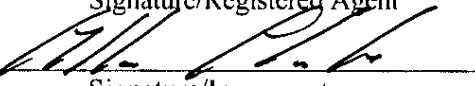
ALLAN CLARKE
816 NW 11TH STREET UNIT#609
MIAMI, FL 33136

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

2/22/08
Date



Signature/Incorporator

2/22/08
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 25 PM 4:22