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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
·	•	•
(Do	cument Number)	
	<i>y</i> ,	
Certified Copies	_ Certificates	of Status
Certified Copies	_ Certificates	or Status
		·
Special Instructions to	Filing Officer:	
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O9 JUL 30 AM 10: 53
SECRETARY OF STATE
ALLAHASSEE, FLORID

DIVISION OF CORPORATION

2009 JUL 30 MM 10: 44

FO ACKNOWN EDGE

SUFFICIENCY OF EDGE



COVER LETTER

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

SUBJECT:	Superior Protection Agency, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	inal and one (1) copy of the arti	cles 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 CO	PY REQUIRED	
FROM:	Name	n M. Callahan (Printed or typed)		
	147 E. Marigold Ave. Address			
		prings, FL 32433	, First 14 April 12 A	
	City,	State & Zip		
		892-5043		
	Daytime To	elephone number		
		@yahoo.com		
	E-mail address: (to be used	i for future annual report i	notification)	

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:

Superior Protection Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 9162 Hwy 90 W. Defuniak Springs, FL 32433

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Stephen M. Callahan

President, Secretary, Treasurer

147 E. Marigold Ave.

Defuniak Springs, FL 32433

ARTICLE VI REGISTERED AGENT

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

Stephen M. Callahan 147 E. Marigold Ave.

Defuniak Springs, FL 32433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephen M. Callahan 147 E. Marigold Ave.

Defuniak Springs, FL 32433

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

Date

July 24, 2009

Date

July 24, 2009

Date

Date

OP JUL 30 AM 10: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIO