

P09000068265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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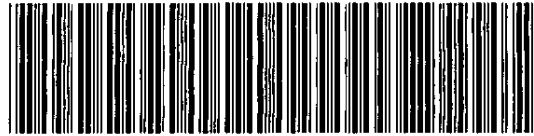
(Business Entity Name)

(Document Number)

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08/12/09--01020--012 **78.75

COVER LETTER

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

SUBJECT: Shield of Protection Systems of South Florida, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Molra Latos
Name (Printed or typed)

1031 SW John MacCormack Terrace

Address

Port St. Lucie, FL 34953

City, State & Zip

772-878-7332

Daytime Telephone number

moira@sopsinc.com

E-mail address: (to be used for future annual report 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:

Shield of Protection Systems of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1351 SW South Macedo Boulevard
Port Saint Lucie, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale and installation of shutters, railings, windows, and other related products.

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1,000)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Moirra Latos, President, 1031 SW John MacCormack Terr. Port St. Lucie, FL 34953
Wayne Latos, VP, 1031 SW John MacCormack Terr. Port St. Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

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

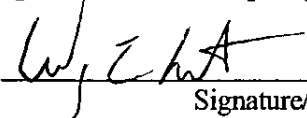
Wayne Latos, 1031 SW John MacCormack Terr. Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Moirra Latos, 1031 SW John MacCormack Terr. Port St. Lucie, FL 34953

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

7/30/09
Date



Signature/Incorporator

7-30-09
Date