

P10000037353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

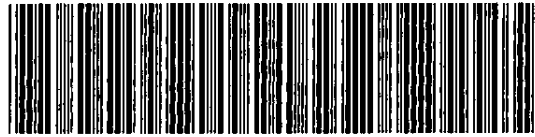
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DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 28 PM 11:20 AM

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J. Shivers MAY 03 2010

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 30 AM 9:24

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COVER LETTER

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

SUBJECT: ALL PRO 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: CHRIS RAYMOND CRIFASI
Name (Printed or typed)

486 CAMEO DRIVE
Address

LAKELAND, FLORIDA 33803
City, State & Zip

863-370-3273
Daytime Telephone number

NEKOK9@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ALL PRO PROTECTIVE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

486 CAMEO DRIVE
LAKELAND, FLORIDA 33803

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):

CHRIS RAYMOND CRIFASI PRESIDENT
486 CAMEO DRIVE
LAKELAND FLORIDA 33803

ARTICLE VI REGISTERED AGENT

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

CHRIS RAYMOND CRIFASI
486 CAMEO DRIVE
LAKELAND, FLORIDA 3383

ARTICLE VII INCORPORATOR

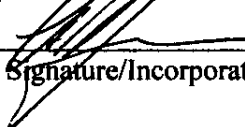
The name and address of the Incorporator is:

CHRIS RAYMOND CRIFASI
486 CAMEO DRIVE
LAKELAND, FLORIDA 33803

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



Signature/Incorporator

APRIL 16, 2010

Date

APRIL 16, 2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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