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| (Requ | estor's Name) | | | | |
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| (City/S | itate/Zip/Phon | e #) | | | |
| PICK-UP | | MAIL | | | |
| (Busin | ess Entity Na | me) | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificate: | s of Status | | | |
| Special Instructions to Filin | ng Officer: | | | | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A Silvers OCT O 5 2000

COVER LETTER

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

| SUBJECT: AME | RIGUARD, INC. | | | | |
|---|--|--|--|-------------|-----|
| | (PROPOSED CORPORAT | TE NAME – <u>MUST INCLU</u> | JDE SUFFIX) | | |
| | | | | | |
| Enclosed are an o | original and one (1) copy of the artic | les of incorporation and | a check for: | _ | |
| ■ \$70.00 Filing Fe | | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: | MITCHEL KROUSE, ESQ | | TALI | ZÓIO OCT | |
| | Name | (Printed or typed) | ン スペゴ ファン | | |
| | 7948 BAYMEADOWS WAY SUITE 3 | 02 | IASSI IASSI | 7-5 | - 0 |
| - | A | ddress | | PH | |
| JACKSONVILLE, FL 32256 City, State & Zip | | | | | |
| <u> </u> | 904 367 5766 | | ,,te | 5 | |
| | Daytime Te | lephone number | | | |
| N | MKROUSE@AMERIGUARDTAX.COM | Λ | | | |
| <u></u> | E-mail address: (to be used | | otification) | | |

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 N The name of the corpo | AmeriGuard, Inc | | | | | |
|--|--|----------------------------|---------------------------------------|---|--|--|
| 79. Su | 48 Baymeadows Way | | | ess, if different is: | | |
| ARTICLE III PR The purpose for which Any and All Law | ch the corporation is organized is: | | | | | |
| ARTICLE IV S The number of shares | HARES of stock is:1,000 SHARES, COMMON | STOCK, NO | PAR VALU | E | | |
| | NITIAL OFFICERS AND/OR DIRECTOR: Edward Carlton - President 7948 Baymeadows Way Suite 300 Jacksonville, FL 32256 | Name and Title Address: | 7948 Bayn Suite 300 | neadows Way | | |
| Name and Title Address: | Douglas Bowes - DIR 278 Ridge Drive Naples, FL 34108 | Name and Title Address: | | | | |
| Name and Title Address: | : | Name and Title Address: | : | 7 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| ARTICLE VI R | EGISTERED AGENT | | | ATT O | | |
| | la street address (P.O. Box NOT acceptable) of Christopher Pinnick 7948 Baymeadows Way, Suite 30 Jacksonville, FL 32256 | , | nt is: | -5 PM 4 SSEE.FLO | | |
| | NCORPORATOR ss of the Incorporator is: Edward Carlton 7948 Baymeadows Way, Suite 30 Jacksonville, FL 32256 | 0 | | RIDA | | |
| Having been named this certificate 1 am f | as registered agent to accept service of process familiar slip and accept the appointment as regi | for the above sta | ited corporation agree to act in t | his capacity | | |
| - 6 m | Required Signature/Registered Agent | | _ | 10-1-10 Date | | |
| | Required Signature/Registered Agent ent and affirm that the facts stated herein are artment of State constitutes a third degree felony | | | information submitted in a S. | | |
| | | | | 10/1/10 | | |
| | Required Signature/Incorporator | | | Date | | |