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CLERK OF STATE
TALLAHASSEE, FLORIDA

2 Bush FEB 1 2011

COVER LETTER

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

SUBJECT: All Around Protection, 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: Felicia A. Wells

Name (Printed or typed)

2205 N. 22nd Street

Address

Tampa, FL 33605

City, State & Zip

(813) 242-8969

Daytime Telephone number

AllAroundMom3000@yahoo.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:

All Around Protection, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2205 N. 22nd Street

Tampa, FL 33605

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in the transaction of any or all lawful business for which the corporation may be incorporated under the provisions of the Florida Business Corporation Act. More specifically to provide sale of security services.

ARTICLE IV SHARES

The number of shares of stock is: The aggregate number of shares which the corporation shall have authority to issue is One Thousand (1,000) shares of capital stock, \$1.00 par value each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leo Walthaw, Jr. / President

Address: 2205 N 22nd Street

Tampa, FL 33605

Name and Title: Felicia A. Wells / Vice-President

Address: 2205 N. 22nd Street

Tampa, FL 33605

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Moses J. Wells, Jr.

Address: 1201 N Parsons Avenue

Seffner, FL 33584

ARTICLE VII INCORPORATOR

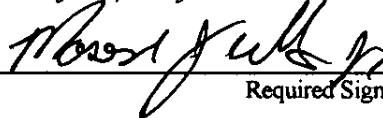
The name and address of the Incorporator is:

Name: Felicia A. Wells

Address: 2205 N 22nd Street

Tampa, FL 33605

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




Required Signature/Registered Agent

1/27/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1/27/2011

Date