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	(Requestor's Name)			
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PICK-UP	WAIT [MAIL		
	Business Entity Name)			
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(Document Number)				
Certified Copies	Certificates of Sta	atus		
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: Guardian Badge & Insignation (PROPOSED CORPORATION)	gnia Company	/ LUDE SUFFIX)
•		
Enclosed are an original and one (1) copy of the artic	les of incorporation and	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED		
FROM: Lori S. Cooper	(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
21 Lawn Street	-	
Oviedo FL 32765	ddress	
City, S	State & Zip	2011 HAY I
407 883 0177		
	lephone number	
shelterkarma@bellsouth. E-mail address: (to be used	net for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED 11 MAY 13 AM 10: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 4, 2011

LORI S.COOPER 21 LAWN STREET OVIEDO, FL 32765

SUBJECT: GUARDIAN BADGE & INSIGNIA COMPANY

Ref. Number: W11000024804

We have received your document for GUARDIAN BADGE & INSIGNIA COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 211A00010847

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE II</u>	PRINCIPAL OFFICE		
	Principal <u>street</u> address		address, if different is:
	21 Lawn Street		
	Oviedo FL 32765	<u></u>	
RTICLE III	PURPOSE		
he purpose fo	r which the corporation is organized is:		
To provide	badges, nameplates, commenda	tion medals and insignia fo	or law enforcement, fire
departmen	its and EMS personnel and depart	tments.	
	_		
RTICLE IV	SHARES		
he number of s	SHARES Shares of stock is: 0 /00		
	INITIAL OFFICERS AND/OR DIRE	ECTORS	
	Title:Lori S. Cooper		
Address:	21 Lawn Street	Address:	
	Oviedo FL 32765		
Name and	l Title:	Name and Title:	
Address:		Address:	
ridaress.			
Name and Address:	l Title:		
Address.			
			
			%E 20
RTICLE VI			
	Florida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name: Address:	Lori S. Cooper 21 Lawn Street		- ≤ ₀ ≥ - ∞=
Address.	Oviedo FL 32765		ည်း <u>ကြ</u> ယ †
	CVIEUU I.L. JZTOJ		
	INCORPORATOR		2
	address of the Incorporator is:		* W
Name:	Lori S. Cooper		<u> </u>
Address:	21 Lawn Street Oviedo FL 32765		
	Oviedo i E. 32703		
	amed as registered agent to accept service of		
is certificate, l	I am familiar with and accept the appointmen	nt as registered agent and agree to a	ect in this capacity
	b. Com	1	
V /	la f. Larga	<u>/</u>	4/25/2011
	Required Signature/Registered Age	ent	Date
nakadi dalar d	comment and affirm that the facts of the	and a sum day of the second of the second	Calaa la Camandi La diri
	ocument and affirm that the facts stated her Department of State constitutes a third degre		
	- preparament of state constitutes a unita aegre	ce jewny as proviaca jor in 5.017.13	7-/9 A 16.30
	dri & loope		4/25/2011