

P11000051043

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Keith Hoffmann*

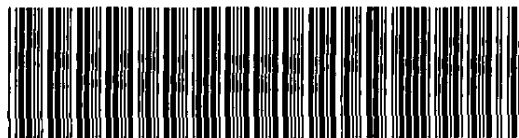
AUTHORIZATION BY PHONE TO

CORRECT # *1, VI* *add RT.*  
*under signature*

DATE \_\_\_\_\_

DQC. EXAM. *OS*

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RECEIVED MAY 16 2011

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 PM 3:45

*WHT-2775*  
*PS 5/31/11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 MAY 27 AM 11:22  
DIVISION OF CORPORATIONS

May 17, 2011

KEITH HOFFMANN  
4901 B NW 5TH ST  
OCALA, FL 34482

SUBJECT: PRO TECH CORP  
Ref. Number: W11000027175

*PROTECH ASSEMBLY CORP*

We have received your document for PRO TECH CORP 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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 complete Article I.

Please return 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) 245-6901.

Pamela Smith  
Regulatory Specialist II

Letter Number: 311A00012184

## COVER LETTER

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

SUBJECT: PRO TECH CORP  
(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: KEITH HOFFMANN  
Name (Printed or typed)  
4901B NW 5<sup>TH</sup> ST  
Address  
Ocala FL 34482  
City, State & Zip  
352-369-5515  
Daytime Telephone number  
KEITH@PROFABPLASTICS.US  
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:

Protech Assembly Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

4901B NW 5TH ST  
OCALA FL 34482

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MANUFACTURING / ASSEMBLY

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares

50/50

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KEITH HOFFMAN President  
Address: 100 S SOLA DR #809  
ORLANDO FL 32801

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: RALPH MILYKOVIC CEO  
Address: 352 CLARIANI WAY  
N. VENICE FL 34075

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: KEITH HOFFMAN  
Address: 100 S SOLA DR #809  
ORLANDO, FL 32801

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: KEITH HOFFMAN  
Address: 100 S. SOLA DR #809  
ORLANDO FL 32801

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

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

Registered Agent

Date

5-12-11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 PM 3:45