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COVER LETTER

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

SUBJECT: CONTRAVENTION PROTECTION AGENCY 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: DEVESH DHANIRAM & MATT DAVIS
Name (Printed or typed)
4607 STURBRIDGE CIRCLE
Address
ORLANDO, FL 32812
City, State & Zip
407-383-8157
Daytime Telephone number
DDHANIRAMOS@GMAIL.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: CONTRAVENTION PROTECTION AGENCY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4607 STURBRIDGE CIRCLE
ORLANDO, FL 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SECURITY TO WATCH OVER AND PROTECT CLIENTS PROPERTIES

ARTICLE IV SHARES

The number of shares of stock is: 2 50/50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEVESH DHANIRAM

Address: PRESIDENT OF ADMINISTRATION

4607 STURBRIDGE CIRCLE
ORLANDO, FL 32812

Name and Title: _____

Address: _____

Name and Title: MATT DAVIS

Address: PRESIDENT OF OPERATIONS

151 N. ORLANDO AVE. RT. 261
WINTER PARK, FL 32789

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: DEVESH DHANIRAM

Address: 4607 STURBRIDGE CIRCLE
ORLANDO, FL 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEVESH DHANIRAM

Address: 4607 STURBRIDGE CIRCLE
ORLANDO, FL 32812

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]
Required Signature/Registered Agent

4-5-2012

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.

[Signature]
Required Signature/Incorporator

4-5-2012

Date

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