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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
MIAMI PROTECTIVE GROUP INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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DIVISION OF CORPORATIONS
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MD 6/28

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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: MIAMI PROTECTIVE GROUP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
848 Brickell Ave
Miami FL
33131

Mailing address, if different is:

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: WHOLESALE OF EQUIPMENT

ARTICLE IV SHARES
The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: PAUL SCHERMAN

Address: 348 BRICKELL AVE
MIAMI FL 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL SCHERMAN

Address: 348 BRICKELL AVE
MIAMI FL 33131

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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 Date