

P1400041330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

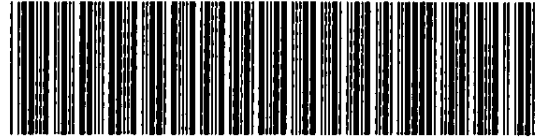
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY -8 PM 2:35

[Handwritten signature]
3-12-14

COVER LETTER

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

SUBJECT: Badge Pros Consulting 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: Jose Miguel Sanchez
Name (Printed or typed)

1011 NW 111 Avenue
Address

Miami, Florida 33172
City, State & Zip

(305) 542-6766
Daytime Telephone number

joesanchezmiami@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: Badge Pros Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1011 NW 111 Avenue
MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide security and consulting services; specializing in MOT/TRAFFIC Control.

Providing strategic highway safety planning, consultation on highway security projects by providing tactical procedures to properly secure the work boundaries. The company will also provide suitable security for special events by evaluating the specific requirements of the event.

ARTICLE IV SHARES

The number of shares of stock is: 600

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: _____

FILED
CLERK OF DISTRICT COURT
14 MAY -8 PM 2:36

(conti.)

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:

Jose Miguel Sanchez

Address:

1011 NW 111 Avenue

Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

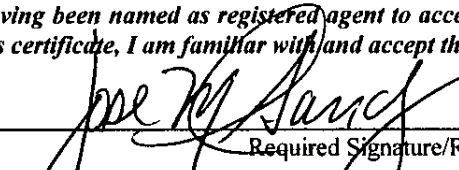
Jose Miguel Sanchez

Address:

1011 NW 111 Avenue

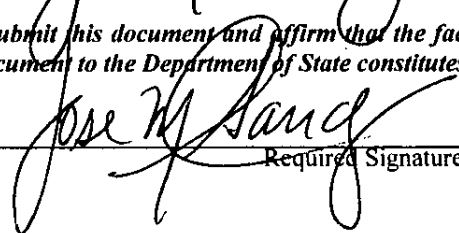
Miami, FL 33172

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

5/1/2014
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

5/1/2014
Date