

P14000043777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

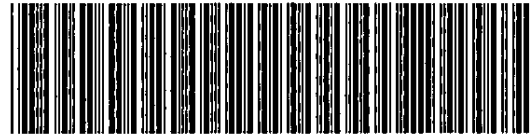
(Document Number)

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14 MAY 12 PM 12:35

SEAL FILING OFFICE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: MUTANT PROTECTIVE SERVICES, 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: **Dordy Joassaint**

Name (Printed or typed)

1501 Flager dr.

Address

West Palm Fl 33401

City, State & Zip

561-8050923

Daytime Telephone number

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: Mutant Protective Services, inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1501 Flagre Dr.

West Plam Beach Fl 33401

Mailing address, if different is:

P.O. Box 10204

Riveria Beach Fl 33419

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do all lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100 Sahares

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dordy Joassaint P-S-T

Address: 1501 Flager Dr. West

West Palm Beach fl 33401

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(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: Micheal Hurest
Address: 121 S. Orange Ave
Orlando FL 32801

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RETURNED CHECK**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 12 PM 12:35**

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Micheal Hurest
Address: 121 S. Orange Ave.
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

5/5/14
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

5/5/14
Date