

P14000070837

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☐ PICK-UP

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(Business Entity Name)

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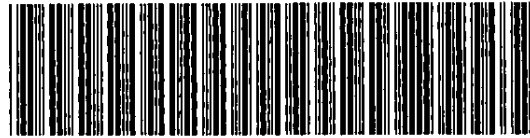
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED " INC." TO CORP.  
NAME PER TELEPHONE  
CALL WITH LANLESHA LAWSON.

✓ 08/25/14

Office Use Only



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08/21/14--01016--003 \*\*78.75

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14 AUG 21 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 08/25/14

COVER LETTER

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

SUBJECT: Masters Investigative Training Academy  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) ~~LLC~~  
V.L.

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: Vanlesha Lawson  
Name (Printed or typed)

1583 E. Silver Star Rd suite 190  
Address

Ocoee FL 34761  
City, State & Zip

407-702-0065  
Daytime Telephone number

vagpi78@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:

Master's Investigative Training Academy, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1583 E. Silver Star Rd  
Suite 190  
Ocoee, FL 34761

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

training courses  
in investigations

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Vanlesha Lawson (President)

Name and Title:

Address

1583 E. Silver Star Rd  
Suite 190

Address:

Ocoee, FL 34761

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(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: Jerry Colon  
Address: 953 Davenwood Ct  
Ocoee, FL 34761

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Vanlesha Lewson  
Address: 1583 E. Silver Star Rd #190  
Ocoee FL 34761

*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*

Jerry Colon  
Required Signature/Registered Agent

8/18/14  
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.*

[Signature]  
Required Signature/Incorporator

8/18/14  
Date