

P14000073993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEP 11 2014  
DIVISION OF CORPORATIONS  
SEP -2 PM 1:37

**COVER LETTER**

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

SUBJECT: **Protegrity Investments, 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: **Gregory W Bee**

Name (Printed or typed)

**425 Walnut St., Suite 1800**

Address

**Cincinnati, Ohio 45202**

City, State & Zip

**513-357-9673**

Daytime Telephone number

**bee@taftlaw.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: Protegrity Investments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

260 Wekiva Springs Road  
Suite 1040  
Longwood, FL 32779

Mailing address, if different is:

PO Box 914700  
Longwood, FL 32791

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation shall engage in any activities  
or business permitted under the laws of the United States of America  
and the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: D. Gene Roberts (Director)

Address: 260 Wekiva Springs Road, Suite 1040  
Longwood, FL 32779

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SEP - 2 PM 1:37

DEPT. OF REVENUE  
DIVISION OF CORPORATE TAXES

(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:

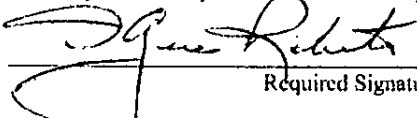
Name: D. Gene Roberts  
Address: 260 Wekiva Springs Rd., Suite 1040  
Longwood, FL 32779

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

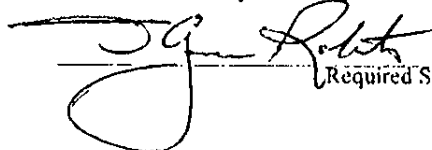
Name: D. Gene Roberts  
Address: 260 Wekiva Springs Rd., Suite 1040  
Longwood, FL 32779

*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

8/25/14  
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

8/25/14  
Date