

02/11/2033 05:22

#1286 P.001/003

**P150000030346**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000082118 3)))



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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
METRO DADE PROTECTIVE SERVICE INC**

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

RECEIVED  
15 APR -2 PM 4:30  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000082118

**ARTICLE I NAME:** The name of the corporation is:

Metro Dade Protective Service Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11304 SW 25<sup>TH</sup> Terr.

Miami FL 33105

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ray W Machado (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Ray W Machado

11304 SW 25<sup>TH</sup> Terr.

Miami FL 33105

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Ray W Machado

11304 SW 25<sup>TH</sup> Terr.

Miami FL 33105

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR -2 PM 6:08

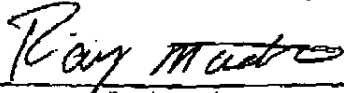
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Required Signatures:

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

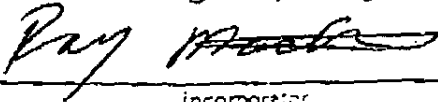


Registered Agent

04/02/15

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.



Incorporator

04/02/15

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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