PK000042076

(Requestor's Name)				
(Address)				
(Address)				
(C	city/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



800271697648

04/13/15--01032--008 **/0.00



W15 26/27

COVER LETTER

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

SUBJECT: Mi	ami Protection Te	am	LIDE CHEEN
Enclosed are an o	riginal and one (1) copy of the ar	TE NAME - MUST INCL	
\$70.00 Filing Fee	• • • • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: _	Vander B. J.N. Ba		
(600 NW 6TH Stre		
		Address	

Miami, Florida 33136

786-237-8442

miamiprotectionteam@gmail.com

E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2015

BANDER B. J. N. BAPTISTE 600 NW 6TH ST APT 1111 MIAMI, FL 33136

SUBJECT: MIAMI PROTECTION TEAM

Ref. Number: W15000026127

We have received your document for MIAMI PROTECTION TEAM and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 515A00007496

15 11 Y 11 PH 2: 53

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

TICLE I NA name of the corpo TICLE II PR	INCIPAL OFFICE		
	Principal street address	Mailin	g address, if different is:
600 NW 6th Street APT 1111			
iami, Floric	la 33136		
TICLE III PU	RPOSE at the corporation is organized is: Any an	nd all lawful bus	siness
purpose for which	ince corporation is organized is.		
			
7			
			
			The state of the s
TICLE IV SH	IARES		H
TICLE IV SH			
number of shares	of stock is:		
number of shares of	of stock is:	RS	AN 80
number of shares of	of stock is:		11 AN 8: 2
number of shares of	of stock is:	Name and Title:	11 AN 8: 2
TICLE V IN	of stock is: ITIAL OFFICERS AND/OR DIRECTOR tle: Vander B. J.N. Baptiste		11 AN 8: 2
TICLE V IN	TTIAL OFFICERS AND/OR DIRECTOR tle: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111	Name and Title:	11 AN 8: 2
TICLE V IN	of stock is: ITIAL OFFICERS AND/OR DIRECTOR tle: Vander B. J.N. Baptiste 600 NW 6th Street	Name and Title:	11 AN 8: 2
PTICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Ale: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address:	11 AN 8: 26
Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR tle: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title:	11 AN 8: 26
PTICLE V IN Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Ale: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title:	11 AN 8: 26
Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR tle: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title: Address:	11 AN 8: 26
Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR the: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title: Address:	11 AN 8: 26
Name and Tit	TTIAL OFFICERS AND/OR DIRECTOR the: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title: Address:	11 AN 8: 26
Name and Titl Address	TTIAL OFFICERS AND/OR DIRECTOR Ale: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title: Address:	11 AN 8: 26
Name and Titl Address	TTIAL OFFICERS AND/OR DIRECTOR the: Vander B. J.N. Baptiste 600 NW 6th Street APT 1111 Miami, Florida 33136	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	11 AN 8: 26

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	ather are fortuned around the
ine <u>name and Fi</u>	orida street address (P.O. Box NOT acceptable) of Vander B. J.N. Baptiste	the registered agent is:
Name:	· · · · · · · · · · · · · · · · · · ·	
Address:	600 NW 6th Street APT 1111	*****
	Miami, Florida 33136	는 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	Idress of the Incorporator is:	
Name:	Vander B. J.N. Baptiste	
Address:	600 NW 6th Street APT 1111	25
	Miami, Florida 33136	
	ned as registered agent to accept service of process um familiar with and accept the appointment as reg Required Signature/Registered Agent	for the above stated corporation at the place designated in istered agent and agree to act in this capacity 04/08/2015 Date
	ument and liffirm that the facts stated herein are t Department of Slate constitutes[a third degree felon]	rue. I am aware that the false information submitted in a same same as provided for in s.817.155, F.S.
Hola d		04/08/2015
Required Stepanyle/Incorporator		Date
	i 4H	