

P15066099711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

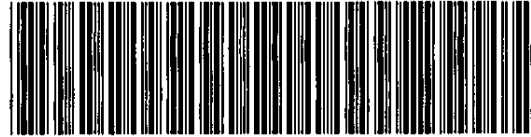
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800279505698

12/07/15--01025--023 **128.75

FILED
16 DEC -7 AM 2:07
RECORDS SECTION
TALLAHASSEE, FLORIDA

DEC 1 6 2015
S. GILBERT

COVER LETTER

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: Loss Prevention Distributors, Inc. (F13000001647)

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

John A. Millspaugh

Name (printed or typed)

601 N Congress Ave, Ste 106

Address

Delray Beach, FL 33445

City, State & Zip

561-278-7130

Daytime Telephone Number

jmillspaugh@lp-dist.com

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

CERTIFICATE OF DOMESTICATION **FILED**

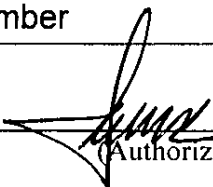
The undersigned, John A. Millspaugh, President 15 DEC -7 AM 2:07,
(Name) (Title)
of Loss Prevention Distributors, Inc.
(Corporation Name)
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
a foreign corporation,

1. The date on which corporation was first formed was March 12, 2013.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Delaware.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Loss Prevention Distributors, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Loss Prevention Distributors, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 601 N Congress Ave, Ste 106, Delray Beach, FL 33445.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Loss Prevention Distributors, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 30 day of November, 2015.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Loss Prevention Distributors, Inc.

15 DEC -7 AM 2:07

SEVENTH JUDICIAL STATE
ALL-PASSAGE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

Mailing Address

601 N Congress Ave, Ste 106

601 N Congress Ave, Ste 106

Delray Beach, FL 33445

Delray Beach, FL 33445

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Distribution of loss prevention/retail security equipment to retailers
throughout the United States.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 250,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

PST John A. Millspaugh

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

John A. Millspaugh

717 NE 12 Terrace 7

Boynton Beach, FL 33435

ARTICLE VII INCORPORATOR


THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

John A. Millspaugh

717 NE 12 Terrace 7


Boynton Beach, FL 33435

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

11/30/2015

Date


Signature/Incorporator

11/30/2015

Date