PILDEDO43706

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



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SECRETARY OF STATE

3 MAY 20 PM 2: 40

UEPARIMENT (F 0.74), **16 MAY 20 PH 12: 3**:

MAY 20 2016 T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Sovereign Protection | on & Investigatio | n, Inc. | |
|----------------------|-------------------|---------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Art of Inc. File |
| | | | LTD Partnership File |
| | | | Foreign Corp. File |
| | | | L.C. File |
| | | | Fictitious Name File |
| | | | Trade/Service Mark |
| | | | Merger File |
| | | | Art. of Amend. File |
| | | | RA Resignation |
| | | | Dissolution / Withdrawal |
| | | | Annual Report / Reinstatement |
| | | | Cert. Copy |
| | | | Photo Copy |
| | | | Certificate of Good Standing |
| | | | Certificate of Status |
| | | | Certificate of Fictitious Name |
| | | | Corp Record Search |
| | | | Officer Search |
| | | | Fictitious Search |
| Signature | · | | Fictitious Owner Search |
| J | | | Vehicle Search |
| | | | Driving Record |
| Requested by: Seth | 5/20 | | UCC 1 or 3 File |
| Name | | Time | UCC 11 Search |
| Haitic | Date | TIME | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | Courier |

COVER LETTER

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

| SUBJECT: Sovereig | gn Protection & Investigation, Inc. | | | | |
|---|--|-------------------------------------|--|--|--|
| SOBJEC1: | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE 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 CO | | | |
| Ric FROM: | hard A. Gregory | | | | |
| | Nam | e (Printed or typed) | | | |
| 116 | Old Meadow Way | | | | |
| | | Address | | | |
| Palr | n Beach Gardens, Florida 33418 | | | | |
| | City | , State & Zip | <u> </u> | | |
| 718 | -300-3656 | | | | |
| - | Daytime 7 | Celephone number | <u> </u> | | |
| rgre | gory@sovereignpi.agency | | | | |
| | F-mail address: (to be use | d for future annual report t | 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)

| The name of the corpora | tion shall be: Sovereign Protection & Investion | stigation, Inc. | |
|---|---|--------------------------------|-----------------------------|
| ARTICLE II PRINC | CIPAL OFFICE Principal street address | Mailing ad | dress, if different is: |
| Palm Beach Gardens, F | L 33418 | | |
| regulated pursuant to th | he corporation is organized is: | | ty provided by law. |
| | : No: A 1400121, Issued by the Florida Do | epartment of Agriculture and C | Consumer services, Division |
| Of Licensing on 07/08/ | 14, Expiration/Renewal Date: 06/26/17. | | 20 3 |
| | | | |
| | | | 20 ASS |
| | | | Te P III |
| | | | 12:40 FLORID |
| ARTICLE IV SHARI The number of shares of | ES 100 stock is: | · | |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | |
| Name and Title | Richard A. Gregory, Resident | Name and Title: | |
| Address | 116 Old Meadow Wy | Address: | |
| | Palm Beach Gardens, FL 33418 | | |
| | | | |
| Name and Title: | Peter Ticktin, Director | Name and Title: | |
| Address | 600 West Hillsboro Blvd, Suite 220 | Address: | |
| | Deerfield Beach, FL 33441-1610 | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | | |
| | | | |
| | | | |

| | id little: | Name and Title: |
|--|--|---|
| Address | | Address: |
| | | |
| | REGISTERED AGENT | |
| The <u>name and F</u> | lorida street address (P.O. Box NOT acceptabl Richard A. Gregory | e) of the registered agent is: |
| Name: | | |
| Address: | 116 Old Meadow WY | |
| | Palm Beach Gardens, FL 33418 | |
| ARTICLE VII | <u>INCORPORATOR</u> | Э.Е.С. В СЕС |
| The <u>name and a</u> | ddress of the Incorporator is: | AFA |
| Name: | Richard A. Gregory | 20 PH 2: 4 ASSEE. FLORI |
| Address: | 116 Old Meadow WY | |
| | Palm Beach Gardens, FL 33418 | PH 2: 40 |
| Effective date, if | late is listed, the date must be specific and ca | (OPTIONAL) nnot be more than five business days prior or 90 business |
| Natas Iftha data | inserted in this block does not meet the applica | this statutory filing requirements, this data will not be listed a |
| | ffective date on the Department of State's recor | |
| the document's e Having been nan | ffective date on the Department of State's recor- med as registered agent to accept service of pro | ds. cess for the above stated corporation at the place designated registered agent and agree to act in this capacity |
| he document's e Having been nan | ffective date on the Department of State's recorned as registered agent to accept service of proam familiar with and accept the appointment as | ds. cess for the above stated corporation at the place designated registered agent and agree to act in this capacity 5/20/2016 |
| the document's e | ffective date on the Department of State's recorned as registered agent to accept service of proam familiar with and accept the appointment as Required Signature/Registered Agent | ds. cess for the above stated corporation at the place designated segistered agent and agree to act in this capacity 5/20/2016 Date |
| the document's e Having been nar this certificate, I | ffective date on the Department of State's recorned as registered agent to accept service of proam familiar with and accept the appointment as Required Signature/Registered Agent | cess for the above stated corporation at the place designated s registered agent and agree to act in this capacity 5/20/2016 Date are true. I am aware that the false information submitted in |
| the document's e Having been nar this certificate, I | ffective date on the Department of State's recordinated as registered agent to accept service of procum familiar with and accept the appointment as Required Signature/Registered Agent rument and affirm that the facts stated herein | cess for the above stated corporation at the place designated s registered agent and agree to act in this capacity 5/20/2016 Date are true. I am aware that the false information submitted in |

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