

PADRON AND ASSOCIATES INC 305 818 0898
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : PADRON AND ASSOCIATES INC.
Account Number : I20060000156
Phone : (305)818-0404
Fax Number : (305)818-0898

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
ELITE PRIVATE PROTECTION BUREAU, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Corporate Filing Menu

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OCT 20 2017

COVER LETTER

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

SUBJECT: ELITE PRIVATE PROTECTION BUREAU, 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: MIGUEL MARINO

Name (Printed or typed)

2095 W 76TH ST - SUITE 110

Address

HIALEAH, FL 33016

City, State & Zip

305-639-2599

Daytime Telephone number

MMARINO@EPIBUREAU.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: ELITE PRIVATE PROTECTION BUREAU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2095 WEST 76TH STREET

SUITE 110

HIALEAH, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ACTIVITIES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL MARINO - PTSD

Name and Title: _____

Address 2095 WEST 76TH STREET

Address: _____

SUITE 110

HIALEAH, FL 33016

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: CRISTOBAL D. PADRON

Address: 2095 WEST 76TH STREET, SUITE 111

HIALEAH, FL 33016

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MIGUEL MARINO

Address: 2095 WEST 76TH STREET, SUITE 110

HIALEAH, FL 33016

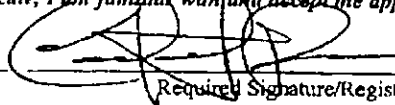
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

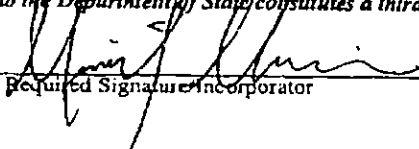


 Required Signature/Registered Agent

10/19/2017

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

10/19/2017

Date