

P2000000 34997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

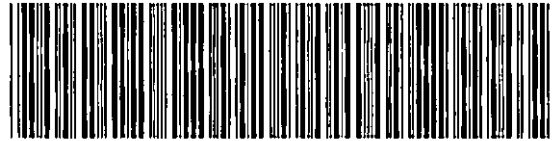
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200343838262

05/07/20--01012--006 \*\*70.00

FILED  
2020 MAY -7 PM 2:25  
CLERK

## COVER LETTER

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

**SUBJECT:** Shield Aviation Security Consulting 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Luis Mauricio Peña

Name (Printed or typed)

132 W Bayridge Dr

Address

Weston FL 33326

City, State & Zip

954-740-3027

Daytime Telephone number

mpena.bog1@gmail.com

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

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

FILED

2020 MAY 17 PM 2:25

**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: SHIELD AVIATION SECURITY CONSULTING INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

132 W Bayridge Dr  
Weston FL 33326

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Aviation Security Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Luis Mauricio Peña - President

Name and Title: \_\_\_\_\_

Address 132 W Bayridge Dr

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

Weston FL 33326

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

FILED  
2020 MAY - 7 PM 2:25  
CLERK OF SUPERIOR COURT  
JACKSONVILLE, FLORIDA

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: Luis Mauricio Peña  
Address: 132 W Bayridge Dr  
Weston FL 33326

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Luis Mauricio Peña  
Address: 132 W Bayridge Dr  
Weston FL 33326

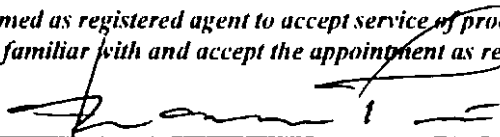
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/1/2020. (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.

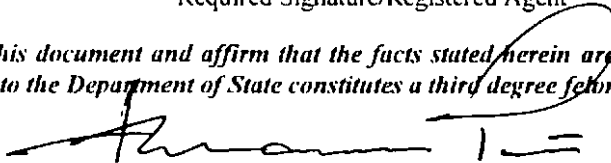
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

05/04/2020  
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

05/04/2020  
Date