P21000082001

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☑ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: United Federal Protection 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: Jared R. Rackley
Name (Printed or typed)

475 Rustling Pines Blvd
Address

Midway FL 32343
City, State & Zip

404-219-6631
Daytime Telephone number

Javedrackley83@gmail.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: United Federal Protection Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 775 Rustling Pines Blvd Midway FL 32343

Mailing address, if different is: P.O. Box 37042 Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Security, Executive Protections

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ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO/President Jared Rackley

Address: 775 Rustling Pines Blvd
Midway FL 32343

Name and Title: V/Tresaur Monica Wright

Address: 1794 Covington Lane
Fleming Island FL
32003

Name and Title: M/Director Michael Miller

Address: P.O. Box 21363
Tallahassee FL
32316

Name and Title:

Address:

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: Jared Rackley

Address: 725 Rustling Pines Blvd
Midway FL 32343

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jared R. Rackley

Address: P.O. Box 37042
Talla FL 32303

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 — Date: 9/16/21

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 — Date: 9/16/21