

P21000082001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

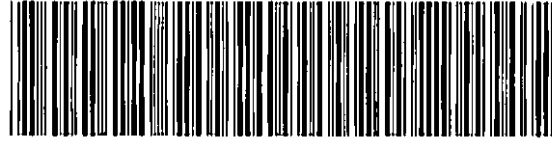
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

0 417/201-2110 005 #607.50

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UNIVERSITY OF FLORIDA
TALLAHASSEE, FLORIDA

Ms 9/16/21

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 ☐ \$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: Jared R. Rackley
Name (Printed or typed)

475 Rustling Pines Blvd
Address

Midway FL 32343
City, State & Zip

404-219-6631
Daytime Telephone number

Jaredrackley83@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

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 Name and Title: _____

Address: 775 Rustling Pines Blvd Address: _____
Midway, FL 32343 Address: _____

Name and Title: V/Treasurer Monica Wright Name and Title: _____

Address: 1794 Cornington Lane Address: _____
Fleming Island FL Address: _____
32063 Address: _____

Name and Title: M/Director Michael Miller Name and Title: _____

Address: P.O. Box 21363 Address: _____
Tallahassee FL Address: _____
32314 Address: _____

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TALLAHASSEE, FL

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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: Jared Rackley

Address: 775 Rusting Pines Blvd
Midway FL 32343

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jared R. Rackley

Address: P.O. Box 37042
Tallahassee FL 32303

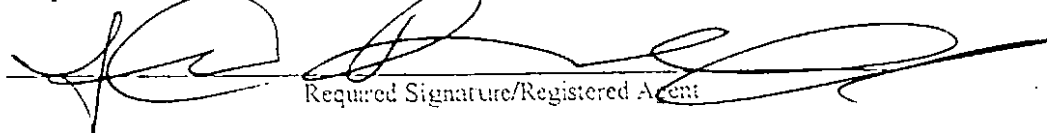
ARTICLE VIII EFFECTIVE DATE:

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.)

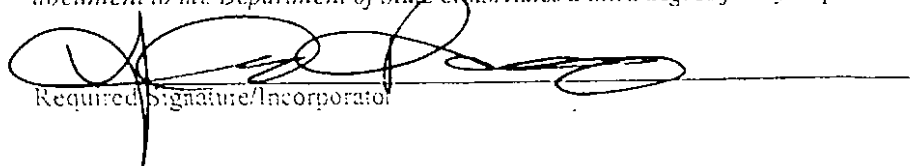
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/16/21
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

9/16/21
Date

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TALLAHASSEE, FL

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