

P950000 55938

Character Number Only

118195

Chino Rojo

Requester's Name

1727 500 32 Ave

Address

Miami FL 33145

City

State

ZIP

Phone

441-2233 E

441-2233 FAX

VALIDATION ONLY

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SECRETARY OF STATE

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CORPORATION(S) NAME

IFALACNE PRODUCTS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



EMPIRE Toll Free: 1-800-432-3028

☒ Profit  
☐ NonProfit

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☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

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☐ Certificate Under Seal

☐ Call When Ready

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☐ After 4:30

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☒ Pick Up

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Name
Availability
Document
Examiner
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Acknowledgment
W.P. Verifier

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JUL 19 1995

## ARTICLES OF INCORPORATION

of

Protective Products, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

Protective Products, Inc.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares ( ) of \_\_\_\_\_  
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME			
ADDRESS	<u>6111 SW 8 Street</u>		
CITY	<u>MIAMI - 6111 SW 8 ST.</u>	FLORIDA	ZIP <u>33144</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Resa Maria Villamia</u>		
ADDRESS	<u>6111 SW 8 Street</u>		
CITY	<u>MIAMI</u>	FLORIDA	ZIP <u>33144</u>

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE ( 1 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>ROSA MARIA VILLAMIA</u>		
ADDRESS	<u>6111 S.W. 8 STREET</u>		
CITY	<u>MIAMI</u>	STATE <u>FLORIDA</u>	ZIP <u>33144</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

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# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Rosa Maria Villanueva		
ADDRESS	1111 1st St		
CITY	11111	STATE	FL 33111
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18th day of July, 1995.

Rosa Maria Villanueva (Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

STATE OF FLORIDA )  
COUNTY OF Dade ) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Rosa Maria Villanueva

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that her executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 18th day of July, 1995.

(Notary Seal)

[Signature]  
(Notary Public, State of Florida at Large)

My Commission expires: Notary Public, State of Florida at Large  
My Commission Expires Dec. 3, 1995  
Bonded thru Agent's Notary Brokerage

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Tralochi Reddy, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 6111 S.W. 8 STREET  
MIAMI FLORIDA 33144

has named Rosa Maria Villanar  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

✓ Rosa Maria Villanar  
(registered agent)