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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

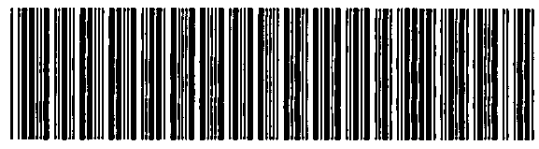
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB 28 PM 4:49

**COVER LETTER**

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

SUBJECT: Code One Concealment Corp.  
(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

S-Corp Application

**ADDITIONAL COPY REQUIRED**

FROM: William J. Plaggett  
Name (Printed or typed)

17294 30 Lane N.  
Address

Loxahatchee, FL 33470  
City, State & Zip

561-758-6496  
Daytime Telephone number

bolapa@bellsouth.net  
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: Code One Concealment Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17294 30 Lane N.  
Loxahatchee, Fl 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: S-Corp Application  
Manufacture and Sale of handgun holsters

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**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: William J. Plappert Name and Title: President

Address 17294 30 Lane N. Address: \_\_\_\_\_  
Loxahatchee, Fl 33470

Name and Title: Bekis A. Plappert Name and Title: Vice President

Address 17294 30 Lane N. Address: \_\_\_\_\_  
Loxahatchee, Fl 33470

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

Address \_\_\_\_\_ 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: William J. Plappert  
 Address: 17294 30 Lane N.  
Loxahatchee, FL 33470

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William J. Plappert  
 Address: 17294 30 Lane N.  
Loxahatchee, FL 33470

*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*

William J. Plappert  
 Required Signature/Registered Agent

2/5/14  
 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.*

William J. Plappert  
 Required Signature/Incorporator

02-05-14  
 Date

March 10, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Code One Concealment Corp / Effective Date 2/25/14  
Ref # W14000013355

Dear Mr. Tyrone Scott,

Enclosed please find our corrected corporation application and a copy of the posted check for \$78.75

I called your office and a representative suggested that we use 2/25/14 as our effective date. That is the day that my check to the Fl. Dept of State posted to our bank account. If you have any questions, please call me at 561-784-2677

Thank you,



Belkis Plappert

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