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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
15 AUG 25 AM 10:49
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Florida Tactical Services Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

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S. GILBERT

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COVER LETTER

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

SUBJECT: FLORIDA TACTICAL SERVICES 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: KENNETH WYANT

Name (Printed or typed)

1090 INNOVATION DR.

Address

NORTH PORT ,34289

City, State & Zip

847-417-7627

Daytime Telephone number

kw@leadinvestigations.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)

FILED

15 AUG 25 AM 10:49

ARTICLE I NAME

The name of the corporation shall be: FLORIDA TACTICAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SEAL OF THE STATE
OF FLORIDA
Mailing address, if different is:

1090 INOVATION dr.

NORTH PORT FL. 34289

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LICENSE PRIVATE INVESTIGATION AND SECURITY AGENCY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOANN MOTISI PRESIDENT

Address: 103 AUTUMNWOOD LANE
DAVIS JUNCTION IL. 61020

Name and Title: WILLIAM MOTISI VICE PRESIDENT

Address: 103 AUTUMNWOOD LANE
DAVIS JUNCTION IL. 61020

Name and Title: KEN WYANT SECRETARY

Address: 4971 SUMMERTREE RD.
VENICE FL. 34293

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: KEN WYANT
Address: 4971 SUMMERTREE RD.
VENICE FL. 34293

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: KEN WYANT
Address: 4971 SUMMERTREE RD.
VENICE FL. 34293

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 business days prior or 90 business 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

By: KEN WYANT

Required Signature/Registered Agent

AUGUST 24 2015

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

8/24/15

Date