F07000004629

(1	Reque	stor's Nam	e)		
(,	Addres	ss)	•		
(Addres	ss)			
			•		
	City/St	ate/Zip/Pho	one #)		
`	, ,	•	,		
PICK-UP		WAIT		М АІ	L
	Rusine	ess Entity N	lame)		
(Dusine	ss Endty i	varriej		
(Docum	nent Numb	er)		
Certified Copies		Certifica	tes of	Status	
Special Instructions	to Filir	na Officer			
· ·		,g			

Office Use Only



000109114440

09/11/07--01029--006 **87.50

RECEIVED

OT SEP 11 AM 11: 33

PURE BURNESSEE FLORIDA

TILLU 2007 SEP 11 PM 12: 36 SECRETARY OF STATE

19918

CORPDIRECT AGE 515 EAST PARK AV	CNTS, INC. (formerly CCRS)	
TALLAHASSEE, FI 222-1173	. 32301	·
FILING COVER ACCT. #FCA-14	SHEET	
CONTACT:	TRACY SPEAR	
DATE:	<u>09-11-07</u>	·
REF. #:	<u>001448.74345</u>	
CORP. NAME:	LICENSED GUN OWNERS ASSOCIATION	OF TEXAS, INC.
() ARTICLES OF INC	•	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() FICTITIOUS NAME
(XX) FOREIGN QUAL		() LIMITED LIABILITY
() REINSTATEMENT		() WITHDRAWAL
() CERTIFICATE OF () OTHER:	CANCELLATION	
STATE FEES P	REPAID WITH CHECK# 1442	FOR \$ <u>87.50</u>
AUTHORIZAT	ION FOR ACCOUNT IF TO BE DEBITE	ED:
	COST LI	MIT: \$
PLEASE RETU	RN:	
(XX) CERTIFIED C	COPY (XX) CERTIFICATE OF GOOD ST	TANDING () PLAIN STAMPED COPY
() CERTIFICATE O	DF STATUS	

Examiner's Initials



RECEIVED

FLORIDA DEPARTMENT OF STATE 17 AM 9: 41

Division of Corporations

DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

September 12, 2007

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

CORPDIRECT AGENTS, INC.

SUBJECT: LICENSED GUN OWNERS ASSOCIATION OF TEXAS, INC.

Ref. Number: W07000045014

We have received your document for LICENSED GUN OWNERS ASSOCIATION OF TEXAS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis **Document Specialist**

Letter Number: 807A00053961

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATED," (corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flor	ida)
Texas	3.	20 221 8672	
State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
04/12/2004	5. P	erpetual	
(Date	e of incorporation)	Duration: Year corp. will cease to exist or "perpetua	al")
Upon Qualifica	tion		
2203 Rose Poi	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 hte, Allante, TX 75752		
2203 Rose Poi	(Principal office addres nte, Atlanta, TX 75752	8)	
	(Current mailing addres	s)	
	sponsible use of handguns, handgun safety a	and propaid local for licenced our owners	
	et address of Florida registered agent: (P.O. I	try to be carried out in state of Florida)	2007 SEP
	e) of corporation authorized in home state or coun	try to be carried out in state of Florida)	2007 SEP 11
Name and stree	et address of Florida registered agent: (P.O. I	try to be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (P.O. I NRAI Services, Inc.	Box NOT acceptable) TALLARY CORETANY C	
Name and street	et address of Florida registered agent: (P.O. I NRAI Services, Inc. 2731 Executive Park Dr., Ste 4	Box NOT acceptable) TARY TAR	
Name and street Name: Street Address: Registered againg been name signated in this riher agree to conditional and familiar	et address of Florida registered agent: (P.O. In NRAI Services, Inc. 2731 Executive Park Dr., Ste 4 Weston (City) gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment	A Sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The sective to be carried out in state of Florida) The section of Florida out in state of Florida)	1 PM 12: 36 the place

11. Attached is a certificate of existence duly adthenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

, 12. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	
Chairman: Rick Mackey	2007 SEP PM 2: 36
Address: 4712 Harvest Hill	
Dallas, TX 75224	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman: Lois Osorio	
Address: 2203 Rose Pointe	
Athens, TX75752	
Director: David Dixon	
Address: 6531 Brentfield Court	
Dallas, TX 75248	
Director: Richard C. Fry	
Address: PO Box 5571	
Austin, TX 78763	
B. OFFICERS	
President: Rick Mackey	
Address: 4712 Harvest Hill	
Dallas, TX 75224	
Vice President: Lois Osorio, CEO	
Address: 2203 Rose Pointe	
Athens, TX 75752	
Secretary: David Dixon	
Address: 6531 Brentfield Court, Dallas, TX 75248	
Treasurer: Davd Dixon	
Address: 6531 Brentfield Court, Dallas, TX 75248	
NOTE: If necessary, you may attach an addendum to the application listing additional and the application a	
(Signature of Director or Officer listed in number 12 of the applic	cation)
14. LOIS USOKIO C CU (Typed or printed name and capacity of person signing applicat	ion)

Phil Wilson Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Licensed Gun Owners Association of Texas, Inc. (file number 800327983), a Domestic For-Profit Corporation, was filed in this office on April 12, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 14, 2007.



Phil Wilson Secretary of State

Pholiston

ax: (512) 463-57 TID: 10264 Dial: 7-1-1 for Relay Services Document: 185855180003

Phone: (512) 463-5555 Prepared by: SOS-WEB