# F1300000000005

(Requestor's Name)	
(Address)	
(Address)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
·	
(Business Entity Name)	
(Document Number)	
,	
Cartificat Carrier Cartification of Chat	
Certified Copies Certificates of State	.s
Special Instructions to Filing Officer:	
·	
,	l
	1
·	. 1



300242228503

13 JAN -4 PH 1:04
SEGRETARY OF STAIL

12/18/12-01011-001 \*\*87.50

mo 1/7

1112-12619

Office Use Only



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2012

JULIO SALVADOR 13386 INTERNATIONAL PAKRWAY JACKSONVILLE, FL 32218

SUBJECT: MAUI ACQUISITION CORP.

Ref. Number: W12000062649

We have received your document for MAUI ACQUISITION CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

A person must sign for the corporation listed as the Registered Agent.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 912A00029936

Division of Comparations DO DOV 6297 Tollahagas Florida 29214

#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Maui Acquisition Corp.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Julio Salvador
Name of Person
c/o Maui Acquisition Corp.
Firm/Company
13386 International Parkway
Address
Jacksonville, Florida 32218
City/State and Zip code
julio.salvador@safariland.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julio Salvador 904 741-1777
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status Certified Copy Certified Copy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Maui Acquisitio	on Corp.	•		26. 7
(Enter name of c	orporation; must include "INCO orp," "Inc," "Co," or "Corp.")	RPORATED	," "COMPANY," "CORPORATION,"	PATE OF THE PATE O
//F	ti i piati ana kamatan		adopted for the purpose of transacting busine	ss in Florida)
Delaware	iole in Florida, enter alternate co	rborare name	38-3873146	ss in Profita).
	under the law of which it is incor	noreted)	(FEI number, if applicable)	· · · · · · · · · · · · · · · · · · ·
April 12, 2012	under the law of winch it is incor	poraccuj	Perpetual	
	of incorporation)	5.	(Duration: Year corp. will cease to exist or	"nernetual")
Upon qualificati	•		(Sutation Tall Corp. III. Could to Clinic Co.	Po-bo /
		ted business is	n Florida, if prior to registration)	<del></del>
			502, F.S., to determine penalty liability)	
3386 Internation	al Parkway , Jacksmu	rille, fo	32218	
	(Princip	oal office add	ress)	
13386 Internation	al Parkway Jacksm	ville,	FL 32218	
13386 Internation		t mailing add	FL 32218 ress)	
	(Curren	t mailing add	ress)	on law of the
To engage in any	(Curren	t mailing add	ress) may be organized under the general corporati	on law of the
To engage in any	(Curren	t mailing add	ress)	on law of the
To engage in any (Purpose(s)	(Curren	t mailing add corporations me state or co	ress) may be organized under the general corporation of the carried out in state of Florida)	on law of the
To engage in any (Purpose(s) Name and <u>stree</u>	(Curren  lawful act or activity for which  of corporation authorized in hor	t mailing add corporations me state or co	ress) may be organized under the general corporation of the carried out in state of Florida)	on law of the
To engage in any (Purpose(s)  Name and stree  Name:	(Curren  lawful act or activity for which of corporation authorized in hor t address of Florida registered	t mailing add corporations me state or co	ress) may be organized under the general corporation of the carried out in state of Florida)	on law of the
To engage in any  (Purpose(s)  Name and stree  Name:	(Curren  lawful act or activity for which of corporation authorized in hor address of Florida registered C T Corporation System	t mailing add corporations me state or co	may be organized under the general corporation try to be carried out in state of Florida)  D. Box NOT acceptable)	on law of the
To engage in any (Purpose(s)  Name and stree  Name:	(Curren lawful act or activity for which of corporation authorized in hor address of Florida registered C T Corporation System 1200 South Pine Island Road	t mailing add corporations me state or co	may be organized under the general corporation to be carried out in state of Florida)  D. Box NOT acceptable)	on law of the
To engage in any (Purpose(s) Name and stree: Name: To engage in any (Purpose(s) Name and stree: Registered agoing been name ignated in this other agree to co	(Curren  I lawful act or activity for which of corporation authorized in hor address of Florida registered C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: a as registered agent and to application, I hereby accept to mply with the provisions of a	t mailing add corporations me state or co l agent: (P.C	may be organized under the general corporation try to be carried out in state of Florida)  D. Box NOT acceptable) , Florida	ation at the placing this capacity
To engage in any (Purpose(s) Name and stree: Name: Registered agving been name ignated in this other agree to co	(Curren  I lawful act or activity for which of corporation authorized in hor address of Florida registered C T Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: a as registered agent and to application, I hereby accept to mply with the provisions of a	t mailing add corporations me state or co l agent: (P.C	may be organized under the general corporation try to be carried out in state of Florida)  D. Box NOT acceptable) , Florida   33324  (Zip code)  The above stated corporate as registered agent and agree to actel elative to the proper and complete performance.	ation at the plac in this capacity mance of my

11. Attached is a certificate of existence duly authenticated, 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:	
A. DIRECTORS	7.44 J.44	PE
Chairman: See Attachment A hereto		200
		1
		4.5
	· · · · · · · · · · · · · · · · · · ·	A - m - a Newson
•	······································	
•		
Address:	· · · · · · · · · · · · · · · · · · ·	<del></del>
·		·
B. OFFICERS		
President: See Attachment A hereto	The second secon	<u> </u>
Address:	and the second s	<u> </u>
Vice President:		
Address:		
Secretary:		1 1 1 1 1 1 1
Address:		
reasurer:		
Address:	12 . 1	
	addendum to the application listing additional officers and/or directors	<b>*</b>
3. W. X /lag K/2	Signature of Director or Officer	
The officer or director signing this document true and that he or she is aware that for third degree felony as provided for in s.	ment (and who is listed in number 12 above) affirms that the facts stated false information submitted in a document to the Department of State co	l herein Institutes
4. W. Gray Hudkins, Vice President and S	ecretary	<u></u>
(Typed or printed	d name and capacity of person signing application)	<del></del>

## TO MAUI ACQUISITION CORP. APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

12.					
A. DIRECTORS					
NAME	TITLE	BUSINESS ADDRESS			
Warren B. Kanders	Chairman	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
Scott T. O'Brien	Director	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
Nicholas Sokolow	Director	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
James Harpel	Director	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
Hamish Norton	Director	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
B. OFFICERS					
NAME	TITLE	BUSINESS ADDRESS			
Warren B. Kanders	Chief Executive Officer	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
Scott T. O'Brien	President	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			
W. Gray Hudkins	Vice President and Secretary	c/o Maui Acquisition Corp. 13386 International Parkway Jacksonville, FL 32218			

### Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAUI ACQUISITION CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF JANUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5137988 8300

130001978

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 0109908

DATE: 01-02-13

You may verify this certificate online at corp.delaware.gov/authver.shtml