

# F13000001122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

ADDED TERM "PERPETUAL"  
TO LINE # 5 PER  
TELEPHONE CONVERSATION  
WITH DANIEL GABRIEL.

K 03/13/13

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ARMAGEDDON FIREARMS INC.

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:

DANIEL GABRIEL

Name of Person

ARMAGEDDON FIREARMS INC.

Firm/Company

1193 C. H. RANKIN RD. / 2820 SW 47 TERR.

Address

WHITE PINE, TN 37890 / CAPE CORAL, FL. 33914

City/State and Zip code

AFATNA AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN GABRIEL

Name of Person

at (239) 405-9322

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 &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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.

1. ARMAGEDDON FIREARMS INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE 3. 45-5403167  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06-05-2012 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NONE YET  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1193 C. H. RANKIN RD. WHITE PINE, TN. 37890  
(Principal office address)

1193 C. H. RANKIN RD. WHITE PINE, TN. 37890  
(Current mailing address)

8. SALES OF FIREARMS & RELATED ITEMS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DANIELLE CAPRON

Office Address: 337 GENOA AVES.

LEHIGH ACRES, Florida 33974  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

X Danielle Capron  
(Registered agent's signature)

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**

Chairman: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890  
Vice Chairman: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890  
Director: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890  
Director: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890

**B. OFFICERS**

President: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890  
Vice President: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD.  
WHITE PINE, TN. 37890  
Secretary: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD. WHITE PINE, TN. 37890  
Treasurer: DANIEL GABRIEL  
Address: 1193 C. H. RANKIN RD. WHITE PINE, TN. 37890

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. D Gabriel  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. DANIEL GABRIEL PRESIDENT  
(Typed or printed name and capacity of person signing application)



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**DANIEL GABRIEL**  
1193 C H RANKIN RD.  
WHITE PINE, TN 37890

March 1, 2013

**Request Type: Certificate of Existence/Authorization**  
**Request #:** 0090954

**Issuance Date:** 03/01/2013  
**Copies Requested:** 1

**Document Receipt**

**Receipt #:** 933814 **Filing Fee:** \$22.25  
**Payment-Credit Card - TennesseeAnytime Online Payment #:** 149149705 **\$22.25**

**Regarding:** ARMAGEDDON FIREARMS INC  
**Filing Type:** Corporation For-Profit - Domestic  
**Formation/Qualification Date:** 06/05/2012  
**Status:** Active  
**Duration Term:** Perpetual  
**Business County:** JEFFERSON COUNTY

**Control #:** 687960  
**Date Formed:** 06/05/2012  
**Formation Locale:** TENNESSEE  
**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**ARMAGEDDON FIREARMS INC**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*  
Tre Hargett  
Secretary of State

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NASHVILLE, TENNESSEE

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