

F19000002351

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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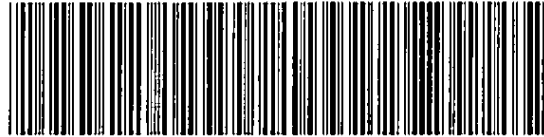
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19 MAY -9 PM 3:31

FILED
19 MAY -9 PM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY 17 2019

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/9/19

NAME: FIREARMS POLICY COALITION INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FIREARMS POLICY COALITION, INC.
Ref. Number: W19000045851

RECEIVED
19 MAY 16 PM 3:26
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SOCIAL MIAMI, FLORIDA

We have received your document for FIREARMS POLICY COALITION, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The purpose provided in number 8 appears to be that of a for profit nature. Please amend your document accordingly to state the specific purpose or purposes for which the not for profit corporation intends to pursue in this state that is also authorized to pursue in the jurisdiction of its incorporation.,

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 619A00009468

*please keep original file
date. Thank you!*

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Firearms Policy Coalition, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Delaware 3. 47-2460415
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 6, 2014 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1215 K Street, 17th Floor, Sacramento, CA 95814
(Principal office street address)

(Current mailing address, if different)

Activities including but not limited to research, scholarly work, education, advocacy, litigation and legal efforts, and public outreach to defend and advance the People's rights, privileges, and immunities; to promote individual liberty and freedom; to defend the Constitution of the United States and restore limited government; and all other lawful activities.

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)


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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(City) (Zip Code)

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.


(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.

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19 MAY -9 PM 11:32
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒Chairman Name: Brandon Combs
☐Vice Chairman Address: 1215 K Street, 17th Floor
☒Director Sacramento, CA 95814
☒President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Alan Normandy
☒Vice Chairman Address: 1215 K Street, 17th Floor
☒Director Sacramento, CA 95814
☐President _____
☒Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Michael Borland
☐Vice Chairman Address: 1215 K Street, 17th Floor
☒Director Sacramento, CA 95814
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Francisco Cordova
☐Vice Chairman Address: 1215 K Street, 17th Floor
☒Director Sacramento, CA 95814
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Justin Curti
☐Vice Chairman Address: 1215 K Street, 17th Floor
☒Director Sacramento, CA 95814
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Kyle Kennington
☐Vice Chairman Address: 1215 K Street, 17th Floor
☐Director Sacramento, CA 95814
☐President _____
☐Vice President _____
☒Secretary ☒Treasurer
☐Other: _____ ☐Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brandon Combs, Chairman & President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIREARMS POLICY COALITION, INC." 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 EIGHTH DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIREARMS POLICY COALITION, INC." WAS INCORPORATED ON THE SIXTH DAY OF NOVEMBER, A.D. 2014.

FILED
19 MAY -9 PM 11:32
STATE OF DELAWARE
TALLAHASSEE, FLORIDA



5639138 8300C

SR# 20193684915

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202790071

Date: 05-08-19