

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000075012 3)))



H249000750123ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: la'tise@defenseunicorns.com

18 (15.19 C.U.) MFEB 26 PH 1: 56

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALL AHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION DEFENSE UNICORNS, INC.

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

2024 FEB 28 AH 7:07

Electronic Filing Menu

Corporate Filing Menu

Help

(((H240000750123)))

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.

Defense Unicor	ns. Inc.		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "inc," "Co." or "Corp.")	"COMPANY," "CORPORATIO	. אל.
(If name unavail:	able in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ing business in Florida)
Delaware	,	(FEI number, if applicable)	
4 4 4 9 4 4 9 9 9 9			
(Date	of incorporation) 5.	(Date of duration, if other	r than perpetual)
4608 Delwood Pa	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ark Blvd. Panama City Beach, FL 32408	2. F.S., to determine penalty liab	ility)
	(Principal office	c <u>strect</u> address)	
	(Current mailing	address, if different)	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	La'Tise Tangherlini		
ffice Address:	4608 Deiwood Park Blvd		6
	Panama City Beach	Florida 32408 (Zip code)	2024 FED
	(City)	(Zip code)	E
laving been nam esignated in this urther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes re- with and accept the obligations of my posi-	ent as registered agent and ag lative to the proper and compl	ed corporation at the pla rec to act in this citacia
_	La Tise Tangherlini		
	(Registered agent's sig	nature)	

10. 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.

(((H24000075012 3)))

A. DIRECTORS						
□ Chairman	Name: La'Tise Tangherlini	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Panama City Beach, FL 32408	Director	444-4			
□President		□President				
□Vice President		□Vice President	4-			
Secretary	Treasurer	□ Secretary	Treasurer			
Other	Other	□Other				
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President	****	□Vice President				
□ Secretary:	Treasurer	□ Secretary	Treasurer			
□Other	□Other	Other	□Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□ Vice President				
□ Secretary:	□ Treasurer	Secretary	□Treasurer			
⊡Other	Other	Other	Other			
individuals may be	Use an attachment to report more than six (6). The att added to the index when filing your Florida Departm se Tangherlini	nent of State Annual Re	port form.			
14.	Signature of Director or Officer					
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numb ulse information submitted in a document to the Depa gherlini, Secretary	per 11 above) affirms the imment of State constitu	nat the facts stated herein are true and that he or ites a third degree felony as provided for in			

(((H24000075012 3)))

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DEFENSE UNICORNS, 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 TWENTY-SIXTH DAY OF FEBRUARY, A.D.

2024.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEFENSE UNICORNS, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4236332 8300 \$R# 20240678617

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

Jeffely W. Bullock, Secretary of State

Authentication: 202880802

Date: 02-26-24