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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TRACE Ammunition Inc.			
	corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tran	Good Stand	ing" and check are submi	Business in Florida," tted to register the
Please return all correspondence concerning	this matter t	o the following:	
Ammar Bazzaz			
	Name of P	erson	
TRACE Ammunition			
	Firm/Comp	pany	
1527 Goodwin Dr			
	Addres	SS	un a
Vista, CA 92084			
(City/State an	d Zip code	
ammar@bazzaz.net			
E-mail address: (to be used fo	or future annual report not	ification)
For further information concerning this mat	ter, please ca	ll:	
Ammar Bazzaz	949	375-7771	
Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP \$70.00 Filing Fee	Fee &	OF STATE \$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.

TRACE Ammo					
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ng business iii	i Florida)	
. <u>CA</u>	y under the law of which it is incorporated)	88-3433462 (FEI number, if a			
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)		
07/21/2022	of incorporation) 5.				
(Date	of incorporation)	(Date of duration, if other	than perpetua	11)	
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration)	lity)		
1527 Goodwin D		302, 1.3., to determine penany nam	my,		
1327 (loldwill b	r, Vista, CA 92084	ice street address)	· · · · · · · · · · · · · · · · · · ·		
	(Frincipar off	ice street address)			
	(Current maili	ng address, if different)			
	(03.15.11.11.11.11.11.11.11.11.11.11.11.11.		0		
Name and stree	et address of Florida registered agent; (P.C	O. Box NOT acceptable)	:-		
. rvanie and <u>one</u>	Ammar Bazzaz		•		
Name:				3 (3)	
Office Address:	600 SE 11th St		•		
		, Florida <u>33060</u>	:	- : - : : : : : : : : : : : : : : : : :	
	(City)	, Florida (Zip code)	٠.	8 1 :01	
	(0.1)	(-2		æ	
	ent's acceptance:				. 1
laving been nan esionated in this	ed as registered agent and to accept serv application, I hereby accept the appoint	uce oj process jor ine above siai ment as registered agent and ag	ea corporano ree to act in	on at the p this capac	nace city.
irther agree to c	omply with the provisions of all statutes i	relative to the proper and comp	ete performa	ince of my	y du
nd I am familiai	with and accept the obligations of my pe	osition as registered agent.			
	A =				
	(Revisiered avent's s				

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Ammar Bazzaz □ Chairman Name: □Chairman 1527 Goodwin Dr Address: ☐ Vice Chairman Address: ☐ Vice Chairman Vista, CA 92084 □ Director □ Director □President □ President ☐ Vice President ☐ Vice President □ Treasurer ☐ Treasurer □ Secretary □ Secretary CEO ■Other ____ □Other ____ □Other _____ □Other ____ Name: _____ Name: ____ □Chairman Chairman □Vice Chairman Address: _____ □Vice Chairman Address: ______ □ Director Director □ President □President ☐ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ Other _____ Name: ______ Name: ______ □ Chairman □ Chairman Address: □Vice Chairman Address: □ Vice Chairman □ Director □Director □ President □ President □Vice President □Vice President _____ □Secretary ☐ Treasurer □ Treasurer □ Secretary □Other _____ □Other _____ 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. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

Ammar Bazzaz, CEO



Secretary of State Certificate of Status

I. SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: TRACE Ammunition Inc.

Entity No.: 5167758 **Registration Date:** 07/21/2022

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 20, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 239765837

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.





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provision of the Labor Code.

STATE OF CALIFORNIA Office of the Secretary of State STATEMENT OF INFORMATION CORPORATION

California Secretary of State 1500 11th Street Sacramento, California 95814 (916) 657-5448

-FILED-

File No.: BA20241364441 Date Filed: 7/25/2024

Entity Details				TD.05			
Corporation Name				TRACE Ammunition Inc.			
Entity No.				5167758			
Formed In				CALIFORNIA			
Street Address of Principal 6	Office of Corpora	tion					
Principal Address				1527 GOODWIN DR VISTA, CA 92084			
Mailing Address of Corporat	юп						
Mailing Address				1527 GOODWIN DR VISTA, CA 92084			
Attention				Ammar Bazzaz			
Street Address of California	Office of Corpora	ation		· · · · · · · · · · ·			
Street Address of California Office				1527 GOODWIN DR VISTA, CA 92084			
Officers							
Officer Name	Offi	cer Address		Position(s	5)		
Ammar Bazzaz	1527 GOOI VISTA, CA		Chief Exe	Chief Executive Officer, Chief Financial Officer, Secretary			
Additional Officers				 			
Officer Name	e	Officer A	ddress	Position	Stated Position		
	·	•	None E	Entered			
Directors							
				Diract	or Address		
	Director N	ame			1527 GOODWIN DR		
Ammar Bazzaz	Director N	ame		1527 GOODWIN DR			
	Director N	ame					
			D	1527 GOODWIN DR			
Ammar Bazzaz The number of vacar Agent for Service of Process	ncies on Boar		0	1527 GOODWIN DR			
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Ammar Bazzaz The number of vacar Agent for Service of Process Agent Name Agent Address Type of Business	ncies on Boar s		0	1527 GOODWIN DR VISTA, CA 92084 Ammar Bazzaz 1527 GOODWIN DR VISTA, CA 92084			

Electronic Signature	
By signing, I affirm that the informa	tion herein is true and correct and that I am authorized by California law to sign.
Ammar Bazzaz	07/25/2024
Signature	Date