

L12000122687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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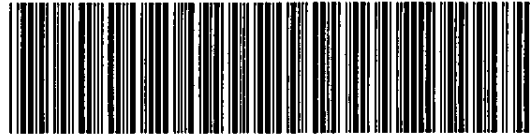
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

SEP 25 2012

FELIX SOTO
2429 Academy Cir, East #108
Kissimmee, FL 34744

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bulletproof Armory LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix Soto

Name of Person

% EPG LLC

Firm/Company

PO BOX 1599

Address

Goldenrod, FL 32733

City/State and Zip Code

bparmory@yahoo.com

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

For further information concerning this matter, please call:

Felix Soto

at (

407

756-9855

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

This filing is made pursuant to s. 608, Florida Statutes, setting forth the following:

ARTICLE I

The name of the limited liability company being formed is: Bulletproof Armory LLC.

ARTICLE II

The mailing address and the street address of the principal office of the limited liability company:

STREET ADDRESS: c/o Felix Soto, 2429 Academy Circle East #108, Kissimmee, Florida, 34744.

MAILING ADDRESS: c/o F Soto EPG LLC, PO Box 1599, Goldenrod, FL 32733

ARTICLE III

The name and Florida street address of the company's registered agent and registered office is:

NAME	STREET ADDRESS	CITY, STATE, ZIP CODE
Felix Soto	2429 Academy Circle East #108	Kissimmee, FL 34744

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Felix Soto
Registered Agent's Signature (REQUIRED)

ARTICLE IV

The name and address of each Manager or Managing member is:

TITLE	NAME	ADDRESS
MGRM	Melanio Lopez	2429 Academy Circle East #108, Kissimmee, FL 34744
MGRM	Felix Soto	2429 Academy Circle East #108, Kissimmee, FL 34744
MGRM	Anthony Alvarez	2429 Academy Circle East #108, Kissimmee, FL 34744
MGRM	Javier Soto	2429 Academy Circle East #108, Kissimmee, FL 34744

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V

The effective date of this company is the date of receipt for filing by the Department of State, State of Florida.

Melanio Lopez
Signature of a member/authorized representative of member(s)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Melanio Lopez
Typed/printed name of signee

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Typed/printed name of signee

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