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# PTS

## POPOFF TACTICAL & SAFETY. LLC

3035 Marengo Court #103 \* Naples, Florida \* 34114 (239) 825-3278

Name: Robert John Popoff

Address: 3035 Marengo Court #103 Naples, FL 34114

Phone: <u>239-825-3278</u>

Please find check enclosed. Thank You!!

### **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC'	Popoff Tactical & Safety Propo	ers, L.L.	C.
SUBJEC		Limited Liabil	ity Company
The enclo	sed Articles of Organization and fee(s)	) are submitted	for filing.
Please ret	urn all correspondence concerning this	matter to the	following:
	Robert J. Popoff		
		Name of	Person
	Popoff Tactical & Safety PRODUC	75, L.L.C	•
		Firm/Co	mpany
	3035 Marengo Court #103		
		Addı	ess
	Naples, Florida 34114		
	rob@popoffs.com	City/State ar	d Zip Code
	E-mail address: (to be us	sed for future	nnual report notification)
For further	information concerning this matter, ple	ease call:	
	Robert Popoff	239	825-3278
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 1	Filing Fee \$\frac{1}{\sum \text{Status}}\$130.00 Filing Fee \$\frac{1}{\text{Certificate of Status}}\$	└──Certifi	of Filing Fee & Seed Copy Sertificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

**ARTICLE I - Name:** 

Popoff Tactical & S				
(Must end	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
3035 Marengo Cour	t #103	303	5 Marengo Court #103	
Naples, FL 34114		Nan	les, FL 34114	
The Limited Liability Company	y cannot serve as its own	& Registered Agent.		
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registratio	& Registered Age: Registered Agent. on.)	nt's Signature:	
The Limited Liability Companiother business entity with an	y cannot serve as its own active Florida registratio	& Registered Agent. Registered Agent. n.)	nt's Signature:	16 JAN 27
The Limited Liability Companiother business entity with an	y cannot serve as its own active Florida registratio address of the registered	& Registered Age: Registered Agent. on.)	nt's Signature:	16 JAN 27 PH
The Limited Liability Companion nother business entity with an	y cannot serve as its own active Florida registratio address of the registered	& Registered Agent. Registered Agent. n.) dagent are:	nt's Signature:	16 JAN 27 PH 2:
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registratio address of the registered Alexander Popoff	& Registered Age: Registered Agent. on.) tagent are:  Name #103	nt's Signature: You must designate an individual or	16 JAN 27 PH
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registratio address of the registered Alexander Popoff  3035 Marengo Court	& Registered Age: Registered Agent. on.) tagent are:  Name #103	nt's Signature: You must designate an individual or	16 JAN 27 PH 2:

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 605, F.S..

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Colleen Mary Popoff
	3035 Marenfo Cout #103
	Naples, FL 34114
fective date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 or
LE V: Effective date, if other than the date fective date is listed, the date must be speof filing.)	ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be
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EV: Effective date, if other than the date ective date is listed, the date must be specifiling.) The date inserted in this block does not not ment's effective date on the Department of the EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	neet the applicable statutory filing requirements, this date will not loof State's records.  The state of an authorized representative of a member. The state of a document to the Department of State of State.

Date of this notice: 01-19-2016

Employer Identification Number:

81-1134529

Form: SS-4

Number of this notice: CP 575 B

POPOFF TACTICAL & SAFETY PTS PRODUCTS % ROBERT JOHN POPOFF MBR 3035 MARENGO CT APT 103 NAPLES, FL 34114

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-1134529. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 04/15/2017

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is POPO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records. CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-19-2016 ( ) EMPLOYER IDENTIFICATION NUMBER: 81-1134529 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023  POPOFF TACTICAL & SAFETY PTS PRODUCTS % ROBERT JOHN POPOFF MBR 3035 MARENGO CT APT 103 NAPLES, FL 34114