m160000009634

(Red	juestor's Name)				
(Add	Iress)				
(Add	dress)				
(City	//State/Zip/Phone #	<i>‡</i>)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Name	e)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

Office Use Only



900292314139

12/01/16--01018--010 **128.00

TORETARY OF STATE

13,

S Warren DEC 0 2 2016

COVER LETTER

то:	Registration Section Division of Corporation	ns				
SUBJI	Firearm Technologi	es LLC				
302,1		Name of	Limited Liability C	ompany		
					ansact Business in Florida," Certificate of company to transact business in Florida	
Please	return all correspondence of	concerning this matter to the	following:			
	Brian P. Ruby					
		N	ame of Person		 	
	Firearm Techno	ologies LLC				
		F	irm/Company			
	3030 N. Rocky Point Dr. STE 150 A					
			Address			
	Tampa, Florida	33607				
		City/S	State and Zip Code			
	brian.ruby@iclo					
		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther information concernin	g this matter, please call:				
Brian P. Ruby		914	914 417-1004			
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations			Division	CADDRESS: of Corporations	
Registration Section P.O. Box 6327 Registration Section Clifton Building			uilding			
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee &	□ \$155.00 Filing	g Fee &	□ \$160.00 Filing Fee, Certificate	
	-	Certificate of Status	Certified Copy	•	of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Firearm Technologies LL (Name of Foreig	.C n Limited Liability Company; must include	"Limited Liability Compa	ny," "L.L.C.," or "	LLC.")
(If name unavailable, enter alte	rnate name adopted for the purpose of trans	acting business in Florida.	The alternate name	must include "Limited
Liability Company," "L.L.C," o				
2. Pennsylvania	3		ber, if applicable)	
(Jurisdiction under the law of company is organized)	which foreign limited liability	(FEI num	ber, if applicable)	
4	(Date first transacted business in Flo	rida if prior to registration	<u>, </u>	
	(See sections 605,0904 & 605,0905, F.	S. to determine penalty liab	ílity)	
5. 1009 Forest Shore Drive				
Miramar Beach, FL 3255				
1000 Farest Chara Drives	(Street Address of Principal	Office)		
6. 1009 Forest Shore Drive				লাটা নাটা
Miramar Beach, FL 3255				11. 2
	(Mailing Address)		S.V.	ninete present
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	SET RAY	
Name:	REGISTERED AGENTS INC.		OF S	□ □ □
Office Address: _	3030 N. Rocky Point Drive, S	STE 150A	TATE ORID	O ·
	TAMPA	, Florida	33607	w
Registered agent's accepta Having been named as regi	(City) nce: stered agent and to accept service of p	rocess for the above sta	(Zip code) ted corporation a	at the place designated in
this application, I hereby ac	cept the appointment as registered ago tutes relative to the proper and compl	ent and agree to act in t	his capacity. I fu	irther agree to comply
ine obuguions of my position		ill Havre/Assistant	Secretary/Re	egistered Agents In
_	(Registered ager	nt's signature)		
8. The name, title or capaci	ty and address of the person(s) who has	s/have authority to mana	ge is/are:	
Brian P. Ruby, President				
				
	existence, no more than 90 days old, of which it is organized. (If the certificate mitted)			
	Bic	Or	Leg-	-
_	Signature of an aut	thorized person		
This document is executed in submitted in a document to the	n accordance with section 605.0203 (1) he Department of State constitutes a thin	(b), Florida Statutes. I ar	n aware that any i	false information

Typed or printed name of signee

Brian P. Ruby

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

11/07/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Firearm Technologies LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC161107211871-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx