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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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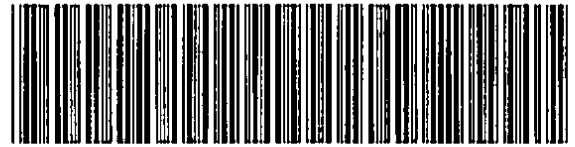
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024-07-05 PM 4:45

S. FRANKLIN
AUG 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Global Ordnance Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mary Mitchell

Name of Person

Global Military Products

Firm/Company

2701 N Rocky Point Dr, Suite 1070

Address

Tampa, FL 33607

City/State and Zip Code

mary.mitchell@Global-Ordnance.com

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

For further information concerning this matter, please call:

Mary Mitchell

941-

720-2294

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

2021 FEB -5 PM 4:45

**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. Global Ordinance Holding, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 88-3156627
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2150 Whitefield Ave 6. _____
(Street Address of Principal Office) (Mailing Address)

Sarasota, FL 34243

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

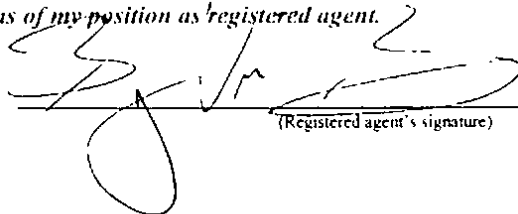
Name: Bryan Van Brunt

Office Address: 2150 Whitefield Ave

Sarasota 34243
(City) , Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

2024.11.15 PM 4:45

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--------------------------------------------|-------------------------------------|--------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Marc Morales</u> | <input type="checkbox"/> Manager | Name: <u>Carrie Morales</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>2150 Whitefield Ave</u> | <input checked="" type="checkbox"/> Member | Address: <u>2150 Whitefield Ave</u> |
| <input type="checkbox"/> Authorized | <u>Sarasota FL 34243</u> | <input type="checkbox"/> Authorized | <u>Sarasota, FL 34243</u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |
| <input type="checkbox"/> Manager | Name: <u></u> | <input type="checkbox"/> Manager | Name: <u></u> |
| <input type="checkbox"/> Member | Address: <u></u> | <input type="checkbox"/> Member | Address: <u></u> |
| <input type="checkbox"/> Authorized | <u></u> | <input type="checkbox"/> Authorized | <u></u> |
| Person | <u></u> | Person | <u></u> |
| <input type="checkbox"/> Other | <u></u> | <input type="checkbox"/> Other | <u></u> |

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Marc Morales Marc Morales

Signature of an authorized person

Marc Morales

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "GLOBAL ORDNANCE HOLDINGS, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.

2024 JUN -5 PM 4:45




Jeffrey W. Bullock, Secretary of State

6863989 8300

SR# 20222787673

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

Authentication: 203733712

Date: 06-22-22