

P07000022383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

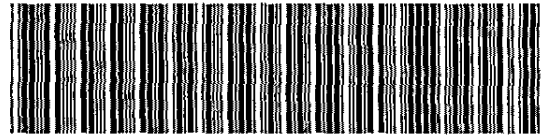
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AIRBORNE ARMS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: AARON BOWMAN PULLEN

Name (Printed or typed)

2311-1 THONOTOSASSA RD.

Address

PLANT CITY, FL 33563

City, State & Zip

813-752-4867

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

AIRBORNE ARMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2311-1 THONOTOSASSA RD PLANT CITY, FL 33563

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

AARON BOWMAN PULLEN

2311-1 THONOTOSASSA RD PLANT CITY, FL. 33563

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

AARON BOWMAN PULLEN

2311-1 THONOTOSASSA RD PLANT CITY, FL. 33563

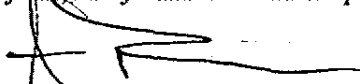
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

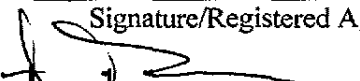
AARON BOWMAN PULLEN

2311-1 THONOTOSASSA RD PLANT CITY, FL. 33563

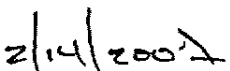
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

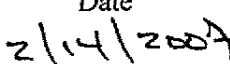


Signature/Registered Agent



Signature/Incorporator



Date


Date

FILED
07 FEB 19 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA