

P07880104746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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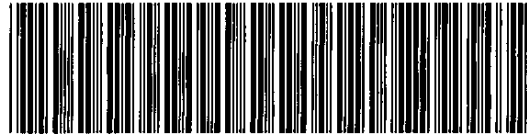
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 SEP 19 P 3 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-20-07
cc

COVER LETTER

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

SUBJECT: CHOSEN TACTICAL, 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: MARK SAXON
Name (Printed or typed)

408 CORKLAN COURT
Address

JACKSONVILLE, FLORIDA 32259
City, State & Zip

904-334-8727
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:

CHOSEN TACTICAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

408 CORKLAN COURT JACKSONVILLE, FLORIDA 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATION OF A SECURITY SERVICES BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARK SAXON - PRESIDENT & VICE PRESIDENT SALLY SAXON - SECRETARY & TREASURER

ARTICLE VI REGISTERED AGENT

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

SALLY SAXON 408 CORKLAN COURT JACKSONVILLE, FLORIDA 32259

ARTICLE VII INCORPORATOR

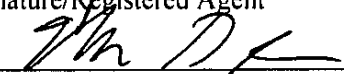
The name and address of the Incorporator is:

MARK SAXON 408 CORKLAN COURT JACKSONVILLE, FLORIDA 32259

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

FILED
2007 SEP 19 P 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-1-07

Date

9/1/07

Date