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(Requestor's Name)

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(City/State/Zip/Phone #)

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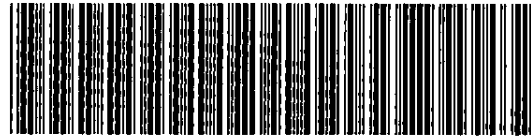
(Business Entity Name)

(Document Number)

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2010 OCT -7 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 11 2010

COVER LETTER

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

SUBJECT: PENTACORE TACTICAL ACADEMY, 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: **ANDRES J. CARDENAL**
Name (Printed or typed)

10085 NW 5TH TERRACE
Address

MIAMI, FL 33172
City, State & Zip

305 - 495- 5147
Daytime Telephone number

REALESTATE@AJCARDENAL.COM
E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT - 7 PM 12:03

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

PENTACORE TACTICAL ACADEMY, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

**10085 NW 5TH TERRACE
MIAMI, FL 33172**

Mailing address, if different is:

**10085 NW 5TH TERRACE
MIAMI, FL 33172**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TEACH INSTRUCTIONAL COURSES ON SELF-DEFENSE AND BASIC FIREARMS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ANDRES J. CARDENAL**

Address: **PRINCIPAL DIRECTOR
10085 NW 5TH TERRACE
MIAMI, FL 33172**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **LYDIA CARDENAL**

Address: **10085 NW 5TH TERRACE
MIAMI, FL 33172**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ANDRES J. CARDENAL**

Address: **10085 NW 5TH TERRACE
MIAMI, FL 33172**

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

Lydia Cardenal

Required Signature/Registered Agent

10/04/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

[Signature]

Required Signature/Incorporator

10/04/10

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA