

P11000089259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 11 PM 1:44

211 50817
10/12/11



RECEIVED

OCT 11 AM 11:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 3, 2011

RICHARD PAUL POLLARI
4700 W PROSPECT RD UNIT 105
FT LAUDERDALE, FL 33308-8002

SUBJECT: WEAPON WORX INC
Ref. Number: W11000050811

We have received your document for WEAPON WORX INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 211A00022679

COVER LETTER

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

SUBJECT: Weapon Worx 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: Richard Paul Pollari
Name (Printed or typed)

4700 W. Prospect Rd Unit 105
Address

Fort Lauderdale, FL 33308-8002
City, State & Zip

954-326-1219
Daytime Telephone number

WeaponWorx@gmail.com
E-mail address: (to be used for future annual report notification)

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:

WEAPON WORX INC

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

**4700 W. PROSPECT RD UNIT 105
FORT LAUDERDALE FL 33309**

11 OCT 11 PM 1:44
Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY,SELL & TRADE FIREARMS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **CHRISTIAN D. CLOEN: PRESIDENT**

Address: **4807 NE 17TH TERRACE
OAKLAND PARK, FL 33334-5615**

Name and Title: _____

Address: _____

Name and Title: **RICHARD P. POLLARI: V-P**

Address: **4450 NE 13TH AVE
OAKLAND PARK, FL 33334-4706**

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:

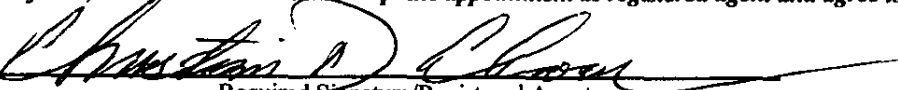
Name: **CHRISTIAN D. CLOEN**
Address: **4700 W. PROSPECT RD UNIT 105
FORT LAUDERDALE, FL 33309-8002**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CHRISTIAN D. CLOEN - PRESIDENT**
Address: **4700 W. PROSPECT RD UNIT 105
OAKLAND PARK, FL 33309-8002**

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



Required Signature/Registered Agent

10-7-11

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.



Required Signature/Incorporator

10-7-11

Date