

P/2000015674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

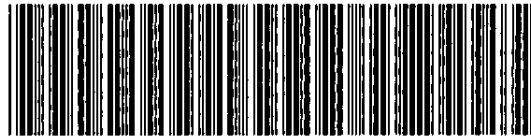
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED "CORPORATE NAME" TO  
ARTICLE I, PER TELEPHONE  
CONVERSATION WITH JOHN J.  
CARMEN IV.

K 02/15/12

Office Use Only



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02/14/12--01008--011 \*\*78.75

FILED  
12 FEB 14 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 02/15/12

## COVER LETTER

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

**SUBJECT: Socom Mil-Sim 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: John J Carman IV

Name (Printed or typed)

9141 sw 34th. place

Address

Ocala Fl. 34488

City, State & Zip

352-362-6999

Daytime Telephone number

johnnyjohnny@yahoo.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: **Socom Mil-Sim Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5371 se maricamp road  
Ocala fl. 34471

Mailing address, if different is:  
John Carman IV  
9141 sw 34th place  
Ocala fl. 34481

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Lease and Rental Equipment**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John J Carman IV  
Address: 9141 sw 34th place  
ocala fl. 34481

Name and Title: John J Carman III  
Address: 12360 ne hwy 314  
Silver Springs fl 34488

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: John J Carman IV  
Address: 9141 sw 34th place  
Ocala fl. 34481

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: John J Carman III  
Address: 12360 ne hwy 314  
Silver Springs Fl. 34488

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*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

2-10-2012  
\_\_\_\_\_  
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

2-10-2012  
\_\_\_\_\_  
Date