

P120000027027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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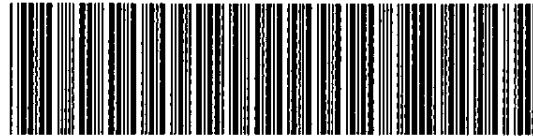
(Business Entity Name)

(Document Number)

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2012 MAR 19 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

184478 MAR 20 2012

COVER LETTER

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

SUBJECT: Tampa Bay firearms, Training, Police & Survival Specialty products 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: Michael Scott Gorgen
Name (Printed or typed)

565 Brookfield Dr.
Address

Largo, FL. 33771
City, State & Zip

727-459-4148
Daytime Telephone number

tackleberry1@msn.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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: Tampa Bay firearms, Training, Police & Survival Specialty products Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
565 Brookfield Dr.
Largo FL 33771

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Specialty equipment to Law Enforcement and training to civilians

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Derrick Jerome Director
Address: 4617 72nd Ave North
Pinellas Park FL 33781

Name and Title: Michael Scott Gorgen Treasurer
Address: 565 Brookfield Dr.
Largo FL 33771

Name and Title: Michael Scott Gorgen President
Address: 565 Brookfield Dr.
Largo FL 33771

Name and Title: _____
Address: _____

Name and Title: Derrick Jerome Secretary
Address: 4617 72nd Ave North
Pinellas Park FL 33781

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: Michael Scott Gorgen
Address: 565 Brookfield Dr.
Largo FL 33771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Scott Gorgen
Address: 565 Brookfield Dr.
Largo FL 33771

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

Michael S Gorgen

Required Signature/Registered Agent

3-19-2012

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.

Michael S Gorgen

Required Signature/Incorporator

3-19-2012

Date

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