

P130000018379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

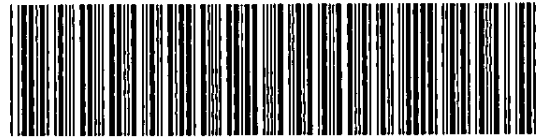
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800245032968

02/25/13--01040--019 **78.75

FILED
13 FEB 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

umd 2/26

COVER LETTER

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

SUBJECT: Schaferhund 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michelle Lynn Jordan

Name (Printed or typed)

20020 N.W. 5th Street

Address

Pembroke Pines, Florida 33029

City, State & Zip

954-882-0036

Daytime Telephone number

michelle@schaferhundapparel.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: Schaferhund Tactical, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20020 N.W. 5th Street

Pembroke Pines, Florida 33029

Mailing address, if different is:

FILED
13 FEB 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any and all business authorized by the laws of the State of Florida and the United States.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Lynn Jordan, Pres.

Name and Title: _____

Address 20020 N.W. 5th Street

Address: _____

Pembroke Pines, FL 33029

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Michelle Lynn Jordan
Address: 20020 N.W. 5th Street
Pembroke Pines, FL 33029

FILED
13 FEB 25 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michelle Lynn Jordan
Address: 20020 N.W. 5th Street
Pembroke Pines, FL 33029

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

2/20/2013
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

2/20/2013
Date