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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Dc | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use Onl | у |



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COVER LETTER

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

Tactical Firearms, Inc. SUBJECT: (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: Jan Hofherr

Name (Printed or typed)

1801 NE 62 Street #126

Address

Fort Lauderdale, Florida 33308

City, State & Zip

954-709-8794

Daytime Telephone number

Janhofherr@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 INCO In compliance with Chapter 607 and/c | | . (Profit) |
| RTICLE I NAM | | Inc. | |
| he name of the corporation | <u></u> | | |
| | ICIPAL OFFICE Principal street address | Ma | illing address, if different is: |
| 1801 NE 62 St | reet # 126 | | |
| Fort Lauderda | le, FL 33308 | | PR |
| · · · · · · · · · · · · · · · · · · · | | | E STAT |
| RTICLE III PURP he purpose for which th | e corporation is organized is: To estal | olish a Firea | arms retail store |
| | | | |
| | | | ,,,,,,, |
| <u></u> | · · · · · · · · · · · · · · · · · · · | <u></u> | |
| | , | <u> </u> | |
| | | | ` <u></u> |
| | tock is: 1000 | 2 | |
| | David Kraus | Name and Title: | |
| Address | 307 NW 10 Terr. | Address: | <u></u> |
| | Hallandale, FL 33009 | _ | |
| | Jan Hofherr | - | /P / CEO |
| | 1801 NE 62 Street #126 | | |
| Address | Fort Lauderdale, FL 33308 | Address: | |
| | | - | |
| None and Tale. | | Name and Title. | |
| | | | |
| Address | | Address: | |
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| • 4. | | | (conti.) |
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| • | | | |
| Name a | and Title: | lame and Title: | |
| Addre | ss | Address: | |
| | | | · |
| | | <u> </u> | |
| | | | |
| RTICLE VI he <u>name and</u> | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of t | e registered agent is: | K 3 |
| Name: | Jan Hofherr | AH | |
| Address: | 1801 NE 62 Street #126 | 35.5V 3555 | |
| | Fort Lauderdale, FL 33308 | ېې ت | PH 2 |
| ARTICLE VI | INCORPORATOR | י האטאע. י שטאט | 2:51 |
| he name and | address of the Incorporator is: | | |
| Name: | Jan Hofherr | | |
| Address: | 1801 NE 62 Street #126 | <i>.</i> | |
| Addi 055. | Fort Lauderdale, FL 33308 | | |
| | | | |
| | amed as registered agent to accept service of process <i>j</i> I am familiar with and gccept the appointment as regis | | |
| | a lot | 05/13 | /2013 |
| | Required Signature/Registered Agent | | Date |
| ' submit this d locument to th | ocument and affirm that the facts stated herein are to e Department of State constitutes a third degree felony | ie. I am aware that the false informat is provided for in s.817.155, F.S. | ion submitted in a |
| | an the | 05/13/2013 | |
| | Required Signature/Incorporator | | Date |

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