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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 OCT -8 AM 10:57
TO ACRHOWL PUDGE
SUFFICIENCY OF FILING

13 OCT -8 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

COVER LETTER

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

SUBJECT: Seacoast Ammo Supply, 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: Lea Kornegay
Name (Printed or typed)

320 ETOISE Street
Address

Tallahassee, FL 32312
City, State & Zip

850-544-9950
Daytime Telephone number

LEKornegay@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:

Seacoast Ammo Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

499 Capital Circle SW Unit #3
Tallahassee, FL 32304

Mailing address, if different is:

PO BOX 38579
Tallahassee, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To manufacture guns & ammunition.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Lea E Komegan, President

Name and Title:

Address

320 Eloise St
Tallahassee, FL 32312

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(cont)

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: Lea E Kornegay
 Address: 320 Eloise Street
Tallahassee, FL 32312

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lea E Kornegay
 Address: 320 Eloise Street
Tallahassee, FL 32312

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

Lea Ellen Kornegay
 Required Signature/Registered Agent

Oct 8, 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.

Lea Ellen Kornegay
 Required Signature/Incorporator

Oct 8, 2013
 Date