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(City/State/Zip/Phone #)

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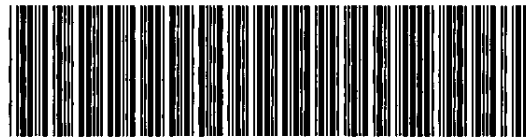
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Patriot Firearm Training Academy, 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: Joseph James Coppa, Jr.
Name (Printed or typed)

2621 Charleston Park, Dr.
Address

North Port, Florida 34287
City, State & Zip

(941) 961-2485
Daytime Telephone number

Joe.Coppa.Jr.@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 NAMEThe name of the corporation shall be: Patriot Firearm Training Academy, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2621 Charleston Park Dr.
North Port, FL 34287**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: To teach N.R.A. approved
courses.**ARTICLE IV SHARES**The number of shares of stock is: 1 (ONE)**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Joseph J. Coppa, Jr. C.E.D. Name and Title: _____Address: 2621 Charleston Park Dr. Address: _____North Port, FL 34287

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph J. Coppa, Jr.
Address: 2621 Charleston Pk. Dr.
North Port, FL 34287

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Joseph J. Coppa, Jr.
Address: 2621 Charleston Park Dr.
North Port, FL 34287

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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

[Signature]
Required Signature/Registered Agent

1-17-2014
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.

[Signature]
Required Signature/Incorporator

1-17-2014
Date