

COVER LETTER

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

SUBJECT: **CODE 4 CUFFS, 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: **Matthew S. Lofgren**

Name (Printed or typed)

1605 Seagrape Way

Address

Hollywood, FL 33019-4865

City, State & Zip

(707) 678-1693

Daytime Telephone number

msl9@cornell.edu

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: CODE 4 CUFFS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1605 Seagrape Way
Hollywood, FL
30019-4865

Mailing address, if different is:

398 East Dania Beach Blvd.
#140
Dania, FL 33004-3051

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The invention, production, marketing, sale,
and distribution of public safety and law enforcement products, including but not
limited to handcuff restraints.

ARTICLE IV SHARES
The number of shares of stock is: See Attached Article IV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Matthew S. Lofgren, President
Address: 1605 Seagrape Way
Hollywood, FL 30019-4865

Name and Title: Dana A. Lofgren, Esq., Secretary
Address: P.O. Box 608
Dixon, CA 95620

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY
RECEIVED
FILE

(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:

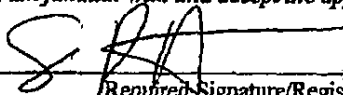
Name: Registered Agent Solutions, Inc.
Address: 155 Office Plaza Dr., Suite A
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Matthew S. Lofgren
Address: 1605 Seagrape Way
Hollywood, FL 33019-4865

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

 8-7-14
Required Signature/Registered Agent 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.

 8-2-14
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation, CODE 4.CUFFS, INC.

ARTICLE IV SHARES

The number of authorized shares of stock is one hundred thousand (100,000). Ten thousand (10,000) shares of stock are preferred shares and each preferred share has ten (10) voting rights. Ninety thousand (90,000) shares of stock are common shares and each common share has one (1) voting right.