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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

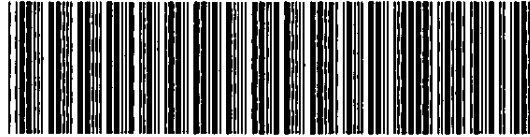
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DATE 03/26/15 BY 60322

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## COVER LETTER

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

SUBJECT: GHOST ARMOR FLORIDA, 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: DAVID BERTONCINI  
Name (Printed or typed)

4250 39<sup>TH</sup> AVE SOUTH  
Address

ST. PETERSBURG, FL. 33711  
City, State & Zip

941-356-5675  
Daytime Telephone number

DAVID.BERTONCINI@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: GHOST ARMOR FLORIDA INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

4250 39<sup>TH</sup> AVE SOUTH  
ST. PETERSBURG, FL.  
33711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SALES OF ELECTRONIC  
PROTECTION PRODUCTS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAVID BERTONCINI PRES Name and Title: \_\_\_\_\_

Address: 4250 39<sup>TH</sup> AVE SOUTH Address: \_\_\_\_\_

ST. PETERSBURG, FL. 33711

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(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: DAVID BERTONCINI  
Address: 4250 39TH AVE SOUTH  
ST. PETERSBURG, FL. 33711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAVID BERTONCINI  
Address: 4250 39TH AVE SOUTH  
ST. PETERSBURG, FL. 33711

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

3/18/15  
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

3/18/15  
Date