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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAW OFFICE OF LARRY WANG, LLC
Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

15 APR -1 PM 4:30

FILED
15 APR -1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
JNC Firearms Training, Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

COVER LETTER

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

SUBJECT: JNC FIREARMS TRAINING, 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: JACK COIN
Name (Printed or typed)

8604 RANCHWOOD LANE
Address

SAINT AUGUSTINE, FL 32092
City, State & Zip

(904) 887-7190
Daytime Telephone number

jackcoin@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 INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: JNC FIREARMS TRAINING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8604 RANCHWOOD LANE
ST AUGUSTINE FL 32092

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: firearms training. Individuals will be taught the proper and safe way to handle firearms. Provide training to allow individual to obtain a Florida Concealed Weapons License.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JACK Coin - President

Address 8604 RANCHWOOD LANE
St Augustine, FL 32092

Name and Title:

Address:

Name and Title: NICK Coin - Treasurer

Address 8604 RANCHWOOD LANE
St AUGUSTINE, FL 32092

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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15 APR -1 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Jack Coin

Address: 8604 Ranchwood Lane
St. Augustine, FL 32092

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Larry Wang

Address: 100 SR 13 N, Ste C
St. Johns, FL 32259

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15 APR -1 AM 8:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Jack E. Coin
Required Signature/Registered Agent

4/1/15
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.

Required Signature/Incorporator

4/1/15
Date