

P/5000041458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

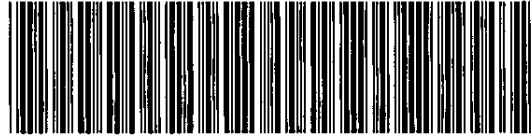
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Certified Copies _____

Certificates of Status ☒

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FILED
15 MAY -4 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 8 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Armada Ammunition, Incorporated

(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: John F. Coffman
Name (Printed or typed)
960 SW 74 Avenue
Address
Plantation, Florida 33317
City, State & Zip
954-452-5251
Daytime Telephone number
j_coffman@comcast.net
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)

FILED
15 MAY -4 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Armada Ammunition, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

960 SW 74 Avenue

Plantation, FL 33317

Mailing address, if different from principal office address:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Importation and Exportation of Firearms and Ammunition

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John F. Coffman, CEO

Address: 960 SW 74 Avenue

Plantation, FL 33317

Name and Title: Ricardo Guerrero, COO

Address: 14 Laredo Place

Davie, FL 33324

Name and Title: Doron Jay Kleppen, CDO

Address: 632 Fieldstone Way

Evans, GA 30809

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: John F. Coffman _____

Address: 960 SW 74 Avenue _____

Plantation, FL 33317 _____

ARTICLE VII INCORPORATOR

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

Name: John F. Coffman _____

Address: 960 SW 74 Avenue _____

Plantation, FL 33317 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

John F. Coffman

Required Signature/Registered Agent

2015APR29

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.

John F. Coffman

Required Signature/Incorporator

2015APR29

Date