

P150000 68822

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

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

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

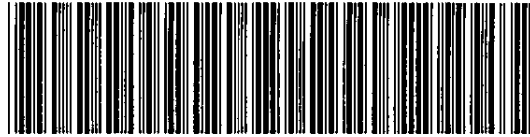
Special Instructions to Filing Officer:

Office Use Only

*Wilson 47066*

AUG 19 2015

F. SCOTT



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07/08/15--01026--001 \*\*78.75

15 AUG 17 AM 10:16

STATE OF MISSISSIPPI  
DEPARTMENT OF REVENUE  
RECEIVED

239-540-4352



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2015

DAVID E. KIEST  
208 AMHERST CT  
OSWEGO, IL 60543

SUBJECT: CHAPPO ENTERPRISES INC  
Ref. Number: W15000047066

RECEIVED AUG 17 2015

Melissa Kiest  
- 630-816-0574  
Enclosed my  
corrected  
name.

We have received your document for CHAPPO ENTERPRISES INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 215A00014669

June 30, 2015

Department of the State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: D.K. Tactical Services, Inc

Florida Document Number P08000098604

Dear Department:

It has come to my attention that the annual report for D.K. Tactical Services Inc, Florida Document Number P08000098604 was not renewed.

As the President of this Corporation I would like to request at this time that the Florida Document Number P08000098604 be released.

I am also enclosing new articles that I would request to be processed at this time.

Thanking you in advance for your help in getting these matters resolved.

Sincerely,



David E Kiest

President

**COVER LETTER**

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

**SUBJECT:** D.K. Tactical Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** David E Kiest  
Name (Printed or typed)

208 Amherst Ct  
Address

Oswego, IL 60543  
City, State & Zip

630-816-0574  
Daytime Telephone number

mkiest1@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: D.K. Tactical Services Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address 709 Cape Coral Parkway W Mailing address, if different is:  
Cape Coral, FL 33914

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business pertaining to security work.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 Shares @\$1.00 par value per share

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

Name and Title: David E Kiest President Name and Title: Melissa J Kiest, Secretary  
Address: 208 Amherst Court Address: 709 Cape Coral Parkway W  
Oswego, IL 60543 Cape Coral, FL 33914

Name and Title: \_\_\_\_\_ Name and Title: Melissa J Kiest, Director  
Address: \_\_\_\_\_ Address: 709 Cape Coral Parkway W  
Cape Coral, FL 33914

Name and Title: Melissa J Kiest, Treasurer Name and Title: \_\_\_\_\_  
Address: 709 Cape Coral Parkway W Address: \_\_\_\_\_  
Cape Coral, FL 33914

15 AUG 17 AM 10:17

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: Lawrence Swan  
Address: 709 Cape Coral Parkway W  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: David E Kiest  
Address: 208 Amherst Ct  
Oswego, IL 60543

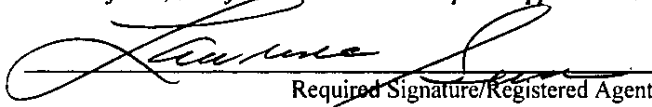
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
Required Signature/Registered Agent

8/14/2015  
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

8/14/15  
Date