

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 _____

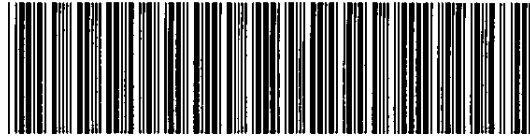
Special Instructions to Filing Officer:

Office Use Only

W15000047066

AUG 19 2015

F. SCOTT



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

15 AUG 17 AM 10:16

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

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,

A handwritten signature in black ink that reads "David E Kiest". The signature is written in a cursive style with a large, stylized 'D' and 'K'.

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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

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

Cape Coral, FL 33914

Mailing address, if different is:

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

Address: 208 Amherst Court

Oswego, IL 60543

Name and Title: Melissa J Kiest, Secretary

Address: 709 Cape Coral Parkway W

Cape Coral, FL 33914

Name and Title:

Address:

Name and Title:

Address:

Melissa J Kiest, Director

709 Cape Coral Parkway W

Cape Coral, FL 33914

Name and Title: Melissa J Kiest, Treasurer

Address: 709 Cape Coral Parkway W

Cape Coral, FL 33914

Name and Title:

Address:

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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