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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

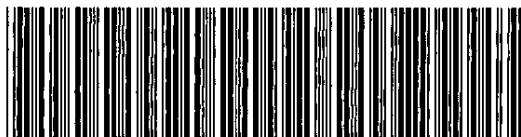
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FILING OFFICE
15 AUG 20 AM 11:10

APPROVED
AND
FILED

1/1

COVER LETTER

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

SUBJECT: Tropical Defense, 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: Mette Michelsen Beck

Name (Printed or typed)

7885 S Hwy A1A

Address

Melbourne Beach, Florida 32951

City, State & Zip

954 294 5728

Daytime Telephone number

mette@tropicaldefense.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: Tropical Defense, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7885 S Hwy A1A

Melbourne Beach, Florida

32951

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All natural insect repellent.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mette Michelsen Beck - President

Name and Title: Kimberly Matheny - Vice President

Address: 7885 S Hwy A1A

Address: 4955 S Hwy A1A

Melbourne Beach, Florida

Melbourne Beach

32951

32951

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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AND
FILED

15 AUG 20 AM 11:10

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____ Kimberly Matheny
Address: _____ 4955 S Hwy A1A
_____ Melbourne Beach, Florida 32951

ARTICLE VII INCORPORATOR

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

Name: _____ Mette Michelsen Beck
Address: _____ 7885 S Hwy A1A
_____ Melbourne Beach, Florida 32951

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1, 2015. (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

8/17/15

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

8-17-15

Date