

P160000092342

(Requestor's Name)

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(City/State/Zip/Phone #)

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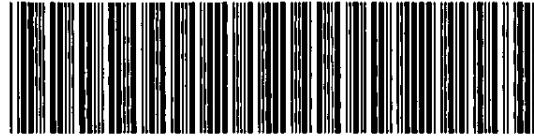
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

44 11/21/16

## COVER LETTER

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

**SUBJECT:** CONSOLIDATED DEFENSE GROUP, 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:** TRISTA KALLIS- FERRERA

Name (Printed or typed)

18952 MACARTHUR BLVD., SUITE 460

Address

IRVINE, CA 92612

City, State & Zip

714.390.4887

Daytime Telephone number

tristakallis@live.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: CONSOLIDATED DEFENSE GROUP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

412 OLIVE AVE.

HUNTINGTON BEACH, CA 92648

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CORPORATION CONSULTING

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: TRISTA KALLIS-FERRERA

Name and Title: \_\_\_\_\_

Address PRESIDENT

Address: \_\_\_\_\_

412 OLIVE AVE.

HUNTINGTON BEACH, CA 92648

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ 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: \_\_\_\_\_ REGISTERED AGENTS INC.

Address: \_\_\_\_\_ 3030 N. ROCKY POINT DRIVE, STE 150A

\_\_\_\_\_ TAMPA, FL 33607

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ LARRY MICHAELS

Address: \_\_\_\_\_ 18952 MACARTHUR BLVD., SUITE 460

\_\_\_\_\_ IRVINE, CA 92612

**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*

*Bill Hume*

\_\_\_\_\_  
Required Signature/Registered Agent

9/12/2016

\_\_\_\_\_  
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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

*11/1/2016*  
\_\_\_\_\_  
Date