 P17 0000 64620

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

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

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(Address)

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

☐ PICK-UP

☐ WAIT

☐ MAIL

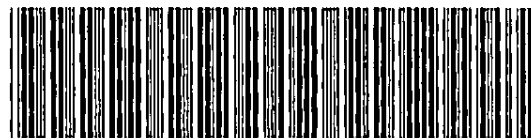
\_\_\_\_\_  
(Business Entity Name)

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

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TALLAHASSEE, FLORIDA

w/ 7000060130





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2017

STACY R MARTINEZ  
615 STONEBRIDGE CIRCLE  
SAVANNAH, GA 31419 US

SUBJECT: IRONCLAD TACTICS INC  
Ref. Number: W17000060130

We have received your document for IRONCLAD TACTICS INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return 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.

JUAN A REYES  
Regulatory Specialist II

Letter Number: 817A00014750

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## COVER LETTER

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

**SUBJECT:** IRONCLAD TACTICS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: STACY R MARTINEZ  
\_\_\_\_\_  
Name (Printed or typed)

615 STONEBRIDGE CIRCLE  
\_\_\_\_\_  
Address

SAVANNAH, GA 31419  
\_\_\_\_\_  
City, State & Zip

912-308-2116  
\_\_\_\_\_  
Daytime Telephone number

STACYMARTINEZ@ICLOUD.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: IRONCLAD TACTICS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

615 STONEBRIDGE CIRCLE

SAVANNAH, GA 31419

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS PERTAINING TO  
SECURITY SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @\$1.00 PAR VALUE PER

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

Name and Title: ARMANDO J MARTINEZ, PRESIDENT

Address: 615 STONEBRIDGE CIRCLE

SAVANNAH, GA 31419

Name and Title: STACY R MARTINEZ VICE PRESID

Address: 615 STONEBRIDGE CIRCLE

SAVANNAH, GA 31419

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

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

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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: ARMANDO J MARTINEZ  
Address: 709 Cape Coral Pkwy W  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ARMANDO J MARTINEZ  
Address: 615 STONEBRIDGE CIRCLE  
SAVANNAH, GA 31419

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TALLAHASSEE, FLORIDA

**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 days prior or 90 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*

/ Armando J Martinez / June 5, 2017  
Required Signature/Registered Agent 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.*

/ Armando J Martinez / June 5, 2017  
Required Signature/Incorporator Date