

P18000036102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

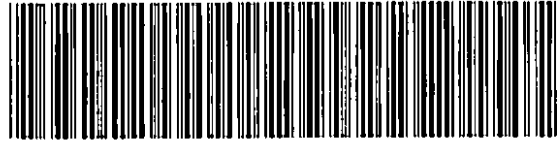
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700312271877

04/20/18--01008--013 **78.75

FILED
2018 APR 20 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 APR 20 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 20 2018

COVER LETTER

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

SUBJECT: Gunshine State Arms Corp.
(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: Nicholas Hickey
Name (Printed or typed)

1076B Cottonwood Ln.
Address

Tallahassee, Florida 32305
City, State & Zip

850-559-7701
Daytime Telephone number

Gunshinestatearms@gmail.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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Gunshine State Arms Corp.

2018 APR 20 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1076B Cottonwood Ln.
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Online retail sales of firearms
and accessories

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas Hickey (President) Name and Title: _____

Address: 1076B Cottonwood Ln. Address: _____
Tallahassee, Florida 32305

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: Nicholas Hickey
Address: 1076B Cottonwood Ln.
32305 Tallahassee, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicholas Hickey
Address: 1076B Cottonwood Ln.
Tallahassee, FL 32305

FILED
2018 APR 20 PM 3:20
CLERK OF STATE
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

Nick Hickey
Required Signature/Registered Agent

04/19/2018
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.

Nick Hickey
Required Signature/Incorporator

04/19/2018
Date