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(Requestor's Name)

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

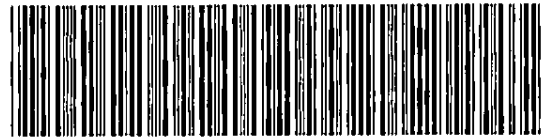
Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Tallahassee Indoor Shooting Range 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: Robert W. Kornegay, SR.
Name (Printed or typed)

320 Eloise ST.
Address

Tallahassee FL. 32312
City, State & Zip

850-727-4867
Daytime Telephone number

RobertKornegay@Comcast.NET
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: Tallahassee Indoor Shooting Range, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

499 Capital Circle SW
Tallahassee, FL 32304

Mailing address, if different is:

P.O. Box 38529
Tallahassee, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To offer an indoor shooting
Range to the public.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Kornegay President Name and Title: _____

Address: 320 Eloise ST Address: _____
Tallahassee, FL
32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK 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: Robert Kornegay
Address: 320 Eloise ST
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Kornegay
Address: 320 Eloise ST
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-13-18 (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

Robert W. Kornegay
Required Signature/Registered Agent

11-13-18
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.

Robert W. Kornegay
Required Signature/Incorporator

11-13-18
Date

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2018 NOV 13 AM 5:30
CLERK OF THE
TALLAHASSEE, FLORIDA

11-13-13

I Robert Kornegay am the Owner of
Tallahassee Indoor Shooting Range LLC
And would like to open the Tallahassee
Indoor Shooting Range INC.

Robert W. Kornegay