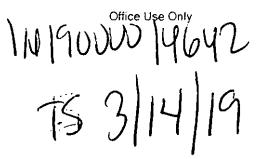
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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February 14, 2019

SPECIAL OPS RESPONSE TEAM, INC. 15051 SW 167TH STREET MIAMI, FL 33187

SUBJECT: SPECIAL OPS RESPONSE TEAM, INC. Ref. Number: W19000014642

We have received your document for SPECIAL OPS RESPONSE TEAM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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 Tyrone Scott

Regulatory Specialist II New Filings Section

Letter Number: 619A00003213

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

ARTICLE 1 NAME The name of the corporation s	nall be: Special Ops'	Respons	se Team, Inc.
ARTICLE II PRINCIPAL			Mailing address, if different is:
15051 Sw 167 Miami, FL 33			
ARTICLE III PURPOSE The purpose for which the co	rporation is organized is: This k	ousiness wi	ill offer the following
enforcement per	rsonnel in K-9 handli	ng, self,	defense, firearms, and assist in selling
and manufact	uring survival vehic	cles.	4 4764 (1553) 111 10 1112
ARTICLE IV SHARES			
The number of shares of stock	FFICERS AND/OR DIRECTORS		
Name and Title:	uamen Delarua (Presider	Thame and Title	e: Michelle Delarua (Vice Presidente Chiesia
Address 15	DSI SW 16 th Street	_ Address:	15051 SW 16 1" STreet
<u>_\\\\</u>	liami, FL 33187	-	Miami, FL 33187
Name and Title:		Name and Title	e:
Address		_ Address:	
		-	En AR
Name and Title:		Name and Title	
Address			-
		-	

Name and Title:	, . Name and Title:
Address	Address:
_	
A <i>RTICLE VI REGISTERED AGENT</i> The <u>name and Florida street address</u> (P.O. Box NOT acce	eptable) of the registered agent is:
Name: Ruamen Delarua	
Address: 15051 SW 167th St.	
Miami, FL 33187	
	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Michelle Delaru Address: 15051 SW 16744 S. Miami, FL 33187	<u>A</u>
Address: 15051 SW 167+4 S.	<u> </u>
Miami, FL 33187	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a filing.)	1 2019 . (OPTIONAL) and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the a the document's effective date on the Department of State's	applicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service this certificate. Lam familiar with and accept the appointm	
nilly	2410
Required Signature/Registered /	
I submit this document and affirm that the facts stated h document to the Department of State constitutes a third de	verein are true. I am aware that the false information submitted in a egree felony as provided for in s.817.155, F.S.
Michelle delakue Required Signature/Incorporator Michelle Delarua	2/4/19
Required Signature/Incorporator	1 Date
IIIICHENO DEUTUA	