

P20000033521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEATTLE
TALLMONT

20 MAY -5 12:26

2020

amoley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 5/4/2020

PRIORITY Routine

OUR REF # (Order ID#) 82499

ORDER ENTITY
ELECTRODEFENSE CORP

PLEASE PERFORM THE FOLLOWING SERVICES:

ELECTRODEFENSE CORP (FL)

Please file articles of incorporation and provide a certified copy and certificate of status as evidence.

NOTES:

\$87.50 Authorized
Email address for annual report reminders: doher12@yahoo.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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:

Electrodefense Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2501 SW 57th Ave Suite 402

Ocala, FL 34474

PO Box 772713

Ocala, FL 34477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MGR

Name and Title: Braco Global, LLC

Name and Title: _____

Address

10890 SW 47th Ave

Address: _____

Ocala, FL 34476

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

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: Chad Doher
Address: 10890 SW 47th Ave
Ocala FL 34476

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chad Doher
Address: 10890 SW 47th Ave
Ocala, FL 34476

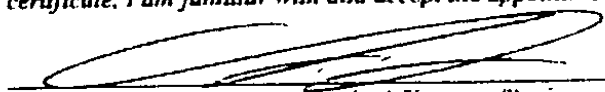
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-1-2020 (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.

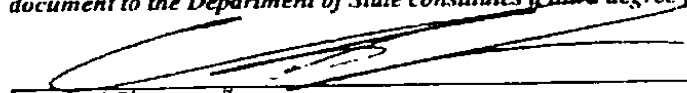
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

5-1-2020
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

5-1-2020
Date