**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000021843 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION LP TACTICAL, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50



Electronic Filing Menu Corporate Filing Menu

Help

## COVER LETTER

H23000021843

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

SUBJECT:	LP Tactical, Inc.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	i a check for:		
	<b>-</b>				
□ \$70.00	□ \$78.75	□ \$78.75	<b>△</b> \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certifi∞d Copy	Certified Copy & Certificate of		
			Status		
	ADDITIONAL COPY REQUIRE				
FROM:	Nick Christian				
	Name (Printed or typed)				
	7815 W 4th Ave				
_	Address				
	ĺ	Addiess			
Hinlenh, FL 33014					
	City, State & Zip				
(904) 654-7280					
	Daytime T	elephone number	<del></del>		
	Iniakahainiana	emuit com			
Inickchristian@gmail.com  E-mail address: (to be used for future annual report notification)					
	E-mail address: (to be used	i for future annual report r	ouncation)		

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)
H23000021843

Mailing address, if different
AL ARA
AL AR
AL AR
LLAHA
2,
<u>SS</u>
Pm. "
يمرين
<u> </u>
$R_{L}$
itle:
<u>.</u>
itle:
itle:
itle:
itle:

H23000021843

Name and Title	·	Name and Title:	
Address		Address:	
	TERED AGENT street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Capitol Corporate Services, Inc.		
Address:	515 E. Park Ave, Floor 2		
	Tallahassee, FL 32301	<del>-</del>	
ARTICLE VII INCO	RPORATOR		
The name and address	of the Incorporator is:		
Name:	Nick Christian	<u> </u>	
Address:	7815 W 4th Avc	<del>_</del>	
_	Hialeah, FL 33014	_	
(If an effective date is I filing.)	han the date of filing:	ot be more than five days pric	
the document's effective	e date on the Department of State's records	s.	
certificate, I am familiar	egistered agent to accept service of process with and accept the appointment as registe		
Taylo	or Seay, as Asst. Secretary		January 18, 2023
	Required Signature/Registered Agent		Date
I submit this document document to the Departs	and affirm that the facts stated herein arm nent of State constitutes a third degree felo.	e true. I am aware that the fals ny as provided for in s.817.155, .	e information submitted in a F.S.
/ / ics	the ten		Jалиагу 17, 2023
Required Stanature/Inco	a porator	Date	