

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



## Application for Certificate of Authority Foreign Business Corporation

Filing and License Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

| The name of the corporation is:  |               |  |  |  |  |
|--|---------------|--|--|--|--|
| Lawmen's and Shooters' Supply, Inc.  |               |  |  |  |  |
| 2. It is incorporated under the laws of:   | Florida       |  |  |  |  |
| 3. The name, if different, which it elects to use in Rhoo  | de Island is: |  |  |  |  |
| (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: |               |  |  |  |  |
| (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:                                 |               |  |  |  |  |
| 4. The date of its incorporation is:   | 11/16/1981    |  |  |  |  |
| And the period of its duration is: CHECK ONLY ONE BOX  ✓ Perpetual (on-going)  |               |  |  |  |  |
| Date certain for dissolution11/16/1981   |               |  |  |  |  |
| 5. The address of its principal office is:   |               |  |  |  |  |
| 7750 9th Street SW Vero Beach, FL 32968  |               |  |  |  |  |

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| 6. The name and addre                               | ees of the initial   | registered an       | cent/office of  | Fin Phode Island:      |                                       |                       |  |
|---|--|---------------------|-----------------|------------------------|---------------------------------------|-----------------------|--|
| Agent Name  |  |                     | <u>-</u>        | III Kiloue island.     |                                       |                       |  |
| •   | oration Service  | ce Compai           | ny              |                        |                                       | ·                     |  |
| Street Address ( <u>NOT</u> a                       | P.O. Box) 22   | 2 Jeffersor         | n Blvd. Sı      | <br>uite 200           |                                       |                       |  |
| City/Town Warwick                                   | City/Town<br><b>Warwick</b>  |                     |                 | DE ISLAND              | Zip Code <b>02888</b>                 | Zip Code <b>02888</b> |  |
| 7. The purpose or purp                              | 7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: |                     |                 |                        |                                       |                       |  |
| Sell law enforcem                                   |  |                     |                 |                        |                                       |                       |  |
| 8. (a) The names and restate or country of which    |  |                     | rectors (option | onal, unless director  | rs are required under                 | the laws of the       |  |
| NAME  |  |                     |                 | ADDRES                 | 3S                                    |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     | <del></del> .   |                        |                                       |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     |                 |                        | ne box to indicate an a               |                       |  |
| 8. (b) The names and re<br>laws of the state or cou |  |                     |                 | ers (mandatory if dire | ectors are not require                | d under the           |  |
| OFFICE  |  | NAME                |                 |                        | ADDRESS                               |                       |  |
| PRESIDENT   | C. Reed Kr   | C. Reed Knight, Jr. |                 | 7750 9th St SW         | Vero Beach, FL                        | 32968                 |  |
| VICE PRESIDENT                                      | C. Reed Kr   | night, III          |                 | 7750 9th St SW         | Vero Beach, FL                        | 32968                 |  |
| TREASURER   | C. Reed Knight, Jr.  |                     |                 | 7750 9th St SW         | Vero Beach, FL                        | 32968                 |  |
| SECRETARY   | C. Reed Kr   | night, Jr.          |                 | 7750 9th St SW         | Vero Beach, FL                        | 32968                 |  |
|   |  |                     |                 | Check the              | e box to indicate an a                | ttachment             |  |
| 9. The aggregate numb                               |  |                     |                 |                        |                                       |                       |  |
| without par value, and s                            |  |                     |                 |                        |                                       | ·<br>                 |  |
| NUMBER OF SHARES<br>7500                            | CLASS  | CLASS               |                 |                        | PAR VALUE OR STATE NO<br>NO PAR VALUE | PAR VALUE             |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   |  |                     |                 |                        |                                       |                       |  |
|   | <del>****</del>  | <del></del>         |                 |                        |                                       |                       |  |

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| 10. (a) Estimate, in dollars, the value of all proper located:  | erty to be owned by the corporation for the follo | wing year, wherever   |  |  |  |
|---|---|-----------------------|--|--|--|
| \$  |   |                       |  |  |  |
| (b) Estimate, in dollars, the value of the corporation year:  | on's property to be located within Rhode Island   | during the following  |  |  |  |
| \$00  |   |                       |  |  |  |
| (c) Estimate, as a percentage, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.                    |   |                       |  |  |  |
| %   |   |                       |  |  |  |
| 11. (a) Estimate, in dollars, the gross amount of bu  | siness to be transacted by the corporation durin  | g the following year. |  |  |  |
| \$ <u>7,500,000.00</u>  |   |                       |  |  |  |
| (b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.   |   |                       |  |  |  |
| \$  |   |                       |  |  |  |
| (c) Estimate, as a percentage, the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage. |   |                       |  |  |  |
| %   |   |                       |  |  |  |
| 12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.  |   |                       |  |  |  |
| 13. Date when the Certificate of Authority will be e  | ffective: CHECK ONLY ONE BOX                      |                       |  |  |  |
| Date received (Upon filing)   |   |                       |  |  |  |
| Later effective date (Date must be no more than 90 days from the day of filing)   |   |                       |  |  |  |
| Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.   |   |                       |  |  |  |
| Signature of Authorized Officer of the Corporation  | Type or Print Name of Authorized Officer          | Date                  |  |  |  |
| SIGN DOGUMENT HERE  | C. Reed Knight, III                               | 10/11/16              |  |  |  |
| 7   |   |                       |  |  |  |

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

## State of Florida Department of State

I certify from the records of this office that LAWMEN'S AND SHOOTERS' SUPPLY, INC. is a corporation organized under the laws of the State of Florida, filed on November 16, 1981.

The document number of this corporation is F53817.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on February 1, 2016, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourth day of October, 2016



Ken Detroin
Secretary of State

Tracking Number: CU2518293936

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

