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To:
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From:
Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DEFENSE ARMAMENT SUPPLIERS, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA
**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

DEFENSE ARMAMENT SUPPLIERS, LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

2833 S PORTOFINO ROAD
ST AUGUSTINE, FLORIDA 32092

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

CECIL GEROD ALLEN
2833 S PORTOFINO ROAD
ST AUGUSTINE, FLORIDA 32092

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x Cecil Gerod Allen
CECIL GEROD ALLEN / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CECIL GEROD ALLEN
2833 S PORTOFINO ROAD
ST AUGUSTINE, FLORIDA 32092

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x 

Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

CECIL GEROD ALLEN

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