L110000028736

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(2-2,,				
(Document Number)				
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DIVISION OF CORPORATION

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N. Culligan MAR - 8 2011

COVER LETTER

10.	Division o	f Corporations			
SUBJE	ест:1	DEFENSIVE SHOOTING			
		Name of Limi	ted Liability Company		
The en	closed Articl	es of Organization and fee(s) are	submitted for filing.		
Please	return all cor	теspondence concerning this ma	tter to the following:		
		LEE M. HI	cks Name of Person		
	***	DEFENSIVE S	HODTING SolUTIONS L	LC	
	Firm/Company				
	105 HUGHES ST NE				
	Address				
	FORT WALTON BCH FL 32548 City/State and Zip Code				
_			16 Solutions @ GMAIL Con for future annual report notification)	٨.	
Е С	.1				
For fur	ther informat	ion concerning this matter, pleas	e call:		
	LEE M.	Hicks ame of Person	at (850) 218-69 Area Code & Daytime Tele		
Enclos	ed is a chec	k for the following amount:	·	•	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
105 HUGHES ST NE FT. WALTON BCH, FL 32548	105 Hughes ST NE FT WATTON BCH, FL 32548			
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:			
	The state of the s			
LEE M.	Name 3 3			
105 Hugnes Florida s				
FT. WALTON BC	H FL 32548 City, State, and Zip			
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S			

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	LEE M. HICKS
	105 HUGHES ST NE
	FT. WALTON BCH , FL 32548
•	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
DECHIDED CLONATURE	
<u>REQUIRED</u> SIGNATURE:	
4	DE STATE
Signature of a membe	er or an authorized representative of a member.
(In accordance with section 608	3.408(3), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.
I am aware that any false inform	nation submitted in a document to the Department of State
	y as provided for in s.617.155, 1.5.)
LEE	M. Hicks
I y ₁	ped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
30.00 Certified Copy (Optional)
5.00 Certificate of Status (Optional)