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B. KOHR

APR 12 2011

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tactical Risk Management LLC

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____ Certificate of Fictitious Name _____
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

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ARTICLE I - Name

The name of the Limited Liability Company is: **Tactical Risk Management LLC**

ARTICLE II - Address

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

Principal Office Address:

3324 Shefflera Rd.
Tampa, Florida 33618

Mailing Address:

3324 Schefflera Rd.
Tampa, Florida 33618

Article III - Registered Agent, Registered Office, and Registered Agent's Signature:

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

J. Styles Wilson, Esquire
205 S. Hoover St., Ste. 400
Tampa, Florida 33609

Having been named as registered agent and to accept service of process for the above stated limited liability and 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..


J. Styles Wilson, Esquire

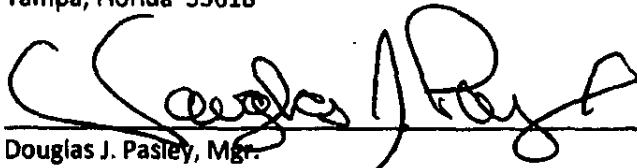
Article IV – Manager(s) or managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address:

Mgr: Douglas J. Pasley
 3324 Schefflera Rd.
 Tampa, Florida 33618

Mgr: Kathryn Ann Pasley
 3324 Schefflera Rd.
 Tampa, Florida 33618



Douglas J. Pasley, Mgr.

(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.)

Douglas J. Pasley
Printed Name of Signee