

L110000113246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

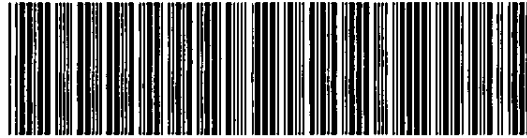
Special Instructions to Filing Officer:

L. SELLERS

OCT -4 2011

EXAMINER

Office Use Only



300212578423

09/30/11--01022--005 **160.00

FILED
SEP 30 AM 10:30
BOSTON, MA 02108

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Columbia Defensive Tactics Training, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randall E Hagler

Name of Person

Columbia Defensive Tactics Training, LLC

Firm/Company

681 SW Chapel Hill Street

Address

Lake City, Florida 32025

City/State and Zip Code

bthagler@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall E Hagler

Name of Person

at (**386**) **965-7084**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Columbia Defensive Tactics Training, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

126 NW Veterans Street
Lake City, Florida 32055

Mailing Address:

681 SW Chapel Hill Street
Lake City, Florida 32025

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Randall E Hagler

Name

681 SW Chapel Hill Street

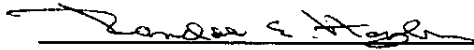
Florida street address (P.O. Box **NOT** acceptable)

Lake City

FL 32025

City, State, and Zip

Having been named as registered agent and 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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SEP 30 AM 10:36
CLERK OF COURT
JANET R. HARRIS
CLERK OF COURT
JANET R. HARRIS

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

"MGRM" = Managing Member

Lake City, Fl 32025

MGR

Lake City, Fl 32025

ARTICLE V: Effective date, if other than the date of filing: October 1, 2011. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Typed or printed name of signee

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