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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Tactical SharePoint, 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:

Jacob J. Sanford

Name of Person

Tactical SharePoint, LLC

Firm/Company

P.O. Box 14743

Address

Tallahassee, FL 32317

City/State and Zip Code

jacob@tacticalsharepoint.com

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

For further information concerning this matter, please call:

Jacob J. Sanford

850

391-1557

Name of Person

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)

S160.00 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 Compa	ny is:
Tactical SharePoint, LLC	
(Must end with the words "Limite	d 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:	Mailing Address:
2728 Bedford Way	P.O. Box 14743
Tallahassee, FL 32308	Tallahassee, FL 32317
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Jacob J. Sanford	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another f the registered agent are:
2728 Bedford Way	reet address (P.O. Box NOT acceptable)
Tallahassee, FL 323	
******* **** *** *** *** *** *** *** *	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and co	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with a as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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" = Manager "MGRM" = Managing Member	
MGR M	Jacob J. Sanford
	2728 Bedford Way
	Tallahassee, FL 32308
·········	
	
	
effective date is listed, the date me	-
CLE V: Effective date, if other than the effective date is listed, the date mutually and the date mutually are selected as a selective date in the date of the dat	ust be specific and cannot be more than five business day
CLE V: Effective date, if other than to effective date is listed, the date most to or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
CLE V: Effective date, if other than to effective date is listed, the date most or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day
CLE V: Effective date, if other than to effective date is listed, the date me to or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men (In accordance with section of constitutes an affirmation under the lam aware that any false info	ust be specific and cannot be more than five business day

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)