## \*L/4000005762

(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:

Office Use Only



800255135008

01/06/14--01012--001 \*\*130.00



2014 JAN -6 PH 4: 21

K.SALY EXAMINER JAN 10 2014

## COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE	Tactical Ventures						
SUBJE	Name of Limited Liability Company						
The en	closed Articles of Organization and fee(s) are submitted for filling.						
Please	return all correspondence concerning this matter to the following:						
	Benjamin G. Schladenhauffen						
	Name of Person						
	Tactical Ventures, LLC						
	Firm/Company						
	316 Tipperary Way						
	Address						
	Niceville, Florida, 32478						
	City/State and Zip Code						
	Sladef15@gmail.com  E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
Ber	n Schladenhauffen ", 850 、803-8379						
	Name of Person Area Code Daytime Telephone Number						
Enclose	ed is a check for the following amount:						
<b>]</b> \$125.0	\$130.00 Filing Fee & Status Status Status Certificate of Status & Certificate of Statu						
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301						

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	EFFECTIVE DATE
Tactical Ventures, LLC		
. (Must end with the w	vords "Limited Liability Company, "L.L.C	C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
316 Tipperary Way	316 Tipperary Way	
Niceville, FL 32578	Niceville, FL 32578	
another business entity with an active Flo The name and the Florida street address of  Robbye L. Randall	-	2014 JAN SECRET
316 Tipperary Way		PRE A
Florida street add	lress (P.O. Box <u>NOT</u> acceptable)	ASS I-6
Niceville	FL 32578	_ mis , m
•	City Zip	FES # O
the place designated in this certificate, capacity. I further agree to comply with	nd to accept service of process for the abo I hereby accept the appointment as registo the provisions of all statutes relating to the d accept the obligations of my position as to Chapter 605. F.S	ered agent and agreet act in This eproper and complete performance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized N	Name and Address:	
"MGR" = Manager	iner	
MGR — Manager	Benjamin G Schladenhauffen	
	316 Tipperary Way	
	Niceville, FL 32578	
AMBR	Pobbuo Pandall	
AMDI	Robbye Randall  320 Oaklake Lane	
	Niceville, FL 32578	
	Niceville, i L 32370	
(Use attachment if necess EV: Effective date, if oth ctive date is listed, the d of filing.)  EVI: Other provisions, if	han the date of filing: January 02, 2014 . (OPTION must be specific and cannot be more than five business days price	AL) er to or 9
EV: Effective date, if other crive date is listed, the defining.)	han the date of filing: January 02, 2014 . (OPTION must be specific and cannot be more than five business days price	AL) or to or 9
EV: Effective date, if oth ctive date is listed, the df filing.)	han the date of filing: January 02, 2014 (OPTION must be specific and cannot be more than five business days prior.	AL) or to or 9
E V: Effective date, if oth ctive date is listed, the df filing.) E VI: Other provisions, if	han the date of filing: January 02, 2014 (OPTION must be specific and cannot be more than five business days prior.	AL) or to or 9

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)