## 140000044806

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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DEPARTMENT OF STATE

14 MAR 18 PM 3: 3570 KB

MAR 18 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	LTUE Name of Lin	Fire LLC nited Liability Company	<del>-</del>
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Luk	e charels	Whelstone - Name of Person S	- Stephen M Hodge
Live	Fire	Firm/Company	
4094	cottage wood	Holohassee	
Tolle h	E-mail address: (to be use	SII City/State and Zip Code Yudda Gun Z Q d for future anwaal report notifica	icloud.com
For further informatio	n concerning this matter, ple	ase call:	
Ctaphen How	at (_	850 274-47 Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
Reg Div P.O	iling Address istration Section ision of Corporations Box 6327 lahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2014

LUKE CHARELS WHETSTONE 4094 COTTAGE WOOD TRL TALLAHASSEE, FL 32311

SUBJECT: LIVE FIRE LLC Ref. Number: W14000017065

We have received your document for LIVE FIRE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000142722 "LIVEFIRE LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 914A00005748

Division of Compositions DO POV 6227 Tallahogges Florida 3221

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Live Fire Defense L (Must end with the words "Limit	ed Liability Company, "L.	L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liab	pility Company is:
Principal Office Address:	Mailing Address:	
4694 cottage wast trl Tallahoure FL 33311	h	
The Limited Liability Company cannot serve as its ov	vn Registered Agent. You	must designate an individual or
(The Limited Liability Company cannot serve as its or another business entity with an active Florida registra  The name and the Florida street address of the register  Skephen Holg-S  Nat	tion.) ed agent are:	
another business entity with an active Florida registra	tion.) red agent are: me J 4-1, 32311	
The name and the Florida street address of the register  Stephen lblg-S  Name  Name	tion.) red agent are: rec  J 4-1, 32311 Box NOT acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

The name and address of each person aut	horized to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Ambe =	Stephen Hodges
•	4094 Cottige wood from
<b>-</b> ∧	1-11-03-11
4nBQ.	Luke c. whetslone
	7050 SCHAFFE 1946
(Use attachment if necessary)	
	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.  MgR-Luke Luhetstein  Mgr-Stephen Holges 4694	e 4056 Schaffer lane Toll. F1. 32300
REQUIRED SIGNATURE:	then
	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation unde	r the penalties of perjury that the facts stated herein are true.
I am aware that any false infor	nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
الدار ماريا	PtslovaP
CURI WV	Typed or printed name of signee
	Filing Fees:
	ganization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)	
\$ 5.00 Certificate of Status (Option	ai) 👫

ARTICLE IV-

Page 2 of 2

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