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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number))
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

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OCT 1.7. 2014 J. BRUCE

COVER LETTER

TO:	Registration Division of	n Section Corporations		•	
SUBJE	CT: <u>BMG I</u>	Tactical, LLC Name of	Limited Liability Company		
		of Organization and fee(s	-		
		Shane Hansin	Name of Person		-
	BMG Ta	ctical, LLC	Firm/Company		-
	14203 V	V Colonial Dr	Address		-
	Winter G	arden. FL 34787	City/State and Zip Code	in Maria	
_Mt	nansin@gma	il.com E-mail address: (to be t	used for future annual report notific	cation)	
For furt	her informatio	on concerning this matter, p	olease call:	WY-0F/S	e i
Matthe	w Hansin Nar	ne of Person	(757) 968-0916 Area Code Daytime T	elephone Number	<u>.</u>
Enclose	d is a check fo	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 enclo	
	<u>Ma</u>	iling Address	Street/Courier Ad	dress	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BMG Tactical, LLC	
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14203 W Colonial DR	14203 W Colonial DR
Winter Garden, FL 34787	Winter Garden, FL 34787
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as it another business entity with an active Florida regi	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indi
(The Limited Liability Company cannot serve as it	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indistration.)
(The Limited Liability Company cannot serve as it another business entity with an active Florida regi	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indistration.) istered agent are:
(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region of the regio	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an indistration.)
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(The Limited Liability Company cannot serve as it another business entity with an active Florida region The name and the Florida street address of the region Matthew Hansin 14203 W Colonial Dr	Office, & Registered Agent's Signature: ts own Registered Agent. You must designate an ind istration.) istered agent are:

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AMBR" = Authorized Member MGR" = Manager AMBR Matthew Shane Hansin 4408 Blue Major Dr Windemere, FL 34786 AMBR Paul Hansin 54 Denbjoh Blvd Newport News. VA 23608 (Use attachment if necessary) E. V. Effective date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) E. VI. Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Matthew Hansin Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$25.5.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:
AMBR Matthew Shane Hansin 4408 Blue Major Dr Windemere, Ft. 34786 AMBR Paul Hansin 54 Denbigh Blvd Newport News. VA 23608 EV: Effective date, if other than the date of filing:		
AMBR Paul Hansin 54 Denbigh Blvd Newport News. VA 23608 [Use attachment if necessary] E. V.: Effective date, if other than the date of filing: Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.] E. V.: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Matthew Hansin Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"MGR" = Manager	
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