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

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n de la companya de l	ço	VER LETTER	April	red e Toda		
TO: Registration Division of C						
SUBJECT: <u>Dead S</u>	hot Security Training, LLC Name of Lin	nited Liability Company	7			
The enclosed Articles	of Organization and fee(s) as	e submitted for filing.				
Please return all corres	spondence concerning this m	atter to the following:				
Michelle	D. Fowler	Name of Person				
		Nume of Ferson				
	·	Firm/Company				
<u>3585 Pal</u>	mer Drive	Address				
<u>Titusville</u>	FL 32780					
		ity/State and Zip Code		ALC: AC:	1- AON 1162	7
	otmail.com E-mail address; (to be use	d for future annual repo	rt notification	i) 📆 📆	9	
For further information	n concerning this matter, plea	ase call:			Ė TO	
Michelle D. Fowler	at (_	321) 480-142	0	<u> </u>	Ϋ́	6
	ne of Person	Area Code Da	ytime Teleph	one Number	59	
Enclosed is a check for	r the following amount:					
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee Certified Copy (additional copy is en	nclosed)	\$160.00 Filing Certificate of S Certified Copy additional copy	Status &	;d)
<u>Mai</u>	iling Address	Street/Cou	rier Address			

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

ARTICLE I - Name: The name of the Limited Liability Company is:				
Dead Shot Security Training, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "I	LC.")		
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Comp	any is:		
Principal Office Address:	Mailing Address:			
405 Atlantis Road, Suite C-113 Cape Canaveral, FL 32920	3585 Palmer Drive Titusville, FL 32780	<u> </u>	_	
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration. The name and the Florida street address of the registered a	Registered Agent. You must design .)	nate an ind	ividual	or
Michelle D. Fowler	agent are.			
Name				
3585 Palmer Drive Florida street address (P.O. Box	NOT acceptable)			
<u>Titusville</u> City	FL 32780 Zip			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligious control of the control of t	vice of process for the above stated the appointment as registered agent fall statutes relating to the proper of gations of my position as registered or 605, F.S June (REQUIRED)	nt and agre and comple	e to act ete perf	in this formance
Page 1 of 2		ABVIEW A	л- лом ±	

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Michelle D. Fowler
· — —	3585 Palmer Drive
	Titusville, FL 32780
	
(Use attachment if necessary)	
ective date is listed, the date must be sport of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or
ective date is listed, the date must be sport of filing.)	pecific and cannot be more than five business days prior to or
ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business days prior to or a substitution of this document der the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. I remain submitted in a document to the Department of State in as provided for in s.817.155, F.S.)
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