

L15000178460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

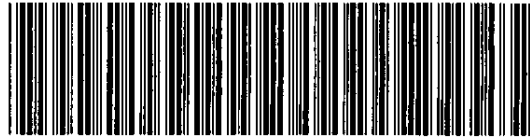
Certified Copies _____

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

ymd 10/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LONG RANGER FIREARM TRAINING, 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:

Arthur S. Newcombe

Name of Person

Firm/Company

PO Box 833113

Address

Miami, FL 33283

City/State and Zip Code

rtnewk@yahoo.com

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

For further information concerning this matter, please call:

Arthur S. Newcombe

305

484-2122

at (_____) _____

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)

☒

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

ARTHUR S. NEWCOMBE
PO BOX 833113
MIAMI, FL 33283

SUBJECT: LONG RANGER FIREARMS TRAINING, LLC
Ref. Number: W15000051647

We have received your document for LONG RANGER FIREARMS TRAINING, 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):

A post office box is not an acceptable address for the registered agent.

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) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 615A00016024

FL. DIV. OF CORPORATIONS

ATTN: WESTLEE A. PAINTER

REF# W15000051647

LETTER# 615A00016024

RECEIVED SEP 25 2015

MS. PAINTER-

Attached is a copy of your letter. Pages one and two of articles I through VI are attached. Per Mr. Toner I have used my work address where appropriate and the PO BOX where acceptable.



Regards, Art Newcombe

305-484-2122

rtnewk@yahoo.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2015

ARTHUR S. NEWCOMBE
PO BOX 833113
MIAMI, FL 33283

SUBJECT: LONE RANGER FIREARMS TRAINING, LLC
Ref. Number: W15000051647

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

The registered agent must sign accepting the designation.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 315A00020479

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LONG RANGER FIREARMS TRAINING LLC.

(Must end with the words "Limited 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:

C/O CBPO ARTHUR NEWCOMBE

PO BOX 833113

6601 NW 25TH ST

MIAMI FL 33283

MIAMI FL 33122

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTHUR S. NEWCOMBE

Name

6601 NW 25TH ST

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FLORIDA

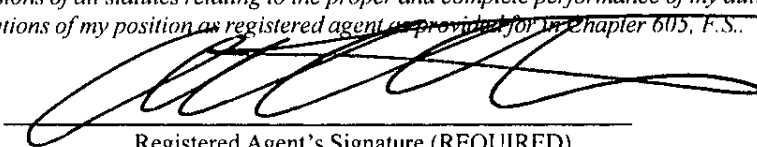
33122

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

ARTHUR S. NEWCOMBE

PO BOX 833113

MIAMI FL.33283

15 OCT 19 14:22

(Use attachment if necessary)

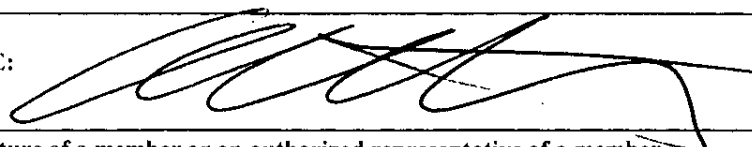
ARTICLE V: Effective date, if other than the date of filing: JULY 17, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

ARTHUR S. NEWCOMBE

Typed or printed name of signee

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)