## 160001539

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NOrth Florida Firearms Training Solutions, 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:
Brett Kikendall Name of Person
Firm/Company
3115 NE 25th Street Address
Address
CCALA, FL 34470  City/State and Zip Code  North Florida Firearm STraining @ GMAIL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	ÆΙ	- N	ame:

The name of the Limited Liability Company is:

North Florida Firearms Training Solutions 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:
3115 NE 25th St CCALA, FL 34470	3115 NE 25" St CCALA, FL 34470

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:

Brett K	Kend	911
Na		
3115 NE	25th	Street
Florida street address (P.)	Э. Вох <u><b>N</b>O</u>	T acceptable)
Ocala	. FL	34470
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 obtigations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

AS ALIG IN AMID: 12

<u>'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager AMBR	TONY FERRO
THISK	11024 NW 61 ST TERR
	ALACHUA, FL 32615
AMBR	BRETT KIKENDALL
7,7,7,2,7	3115 NE 25TH ST
	OCALA, FL 34470
V: Effective date, if other than the dative date is listed, the date must be sfiling.)	te of filing: 8/08/16 . (OPTIONAL)  pecific and cannot be more than five business days prior to or 96  meet the applicable statutory filing requirements, this date will no
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