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## **COVER LETTER**

	New Filing Section Division of Corporations
CHBIEC	T: CS Tadical Training
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Chris Vasquez Name of Person
	CS Tactical Training Firm/Company
	1114 Old Dixie Hwy D2  Address
	Vero Beach, FL. 32960  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Chris Vasque Z <sub>at</sub> (772 A53 - 9523  Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$Certificate of Status \$\frac{1}{2}\$Certifi
	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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the L	.imited Liability Company is:
Principal Office Address:	Mailing Address:
_ 1114 Old Dixie Hwy	1114 Old Dixie Hwy
Vero Beach, FL 32960	Vero Beach, FL 32960
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are: $\frac{\bigcap_{i=1}^{n} h_i \cap G_i}{\text{Name}}$	Squez Table 3
	برد کست کست
_ 2185 80th P	tvenue mg z
Florida street address (P.O. Box )	
Vero Beach	FL 32966 콤 :
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
"MGR" = Manager AMBA	Chris Vasquez
	Vero Beach FL. 32966
	VERO BEACH, +2. 32966
AMBR	Shane Joerger
	FORT PIERRE, FL. 34951
	FULL PIENCE, PC. 34431
(Use attachment if necessary)  LE V: Effective date, if other than the date	te of filing: June 15t, 2017 (OPTIONAL)
LE V: Effective date, if other than the date fective date is listed, the date must be s of filing.)  If the date inserted in this block does not ament's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 comments the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exect I am aware that any fall.	meet the applicable statutory filing requirements, this date will not at of State's records.  The state of State of a member of a member of an authorized representative of a member. State of the state
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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)

ARTICLE IV-