# 117000/89775

(Requestor's Name)	_
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Dusiness Littly Name)	
(Description Allowship)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



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# S. PERRY PENLAND, JR., P.A.

ATTORNEY AND COUNSELOR AT LAW

610 BLACKSTONE BUILDING 233 EAST BAY STREET JACKSONVILLE, FL 32202 TELEPHONE: (904) 634-0501 FACSIMILE: (904) 634-0606 TOLL FREE: 1-866-634-0100 EMAIL: perry@penlandlaw.com

August 31, 2017

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

Re: Talon Expeditionary Services, LLC

Dear Sirs:

Enclosed is my firm's check in the amount of \$125.00 to cover the filing fee for the above limited liability company together with the Cover Letter and Articles of Organization. If you have any questions or need additional information, do not hesitate to give me a call. Thank you very much. I remain,

Yours very truly.

ファーレー S. PERRY PENLAND, JR.

SPPJR:llk Enclosures

## **COVER LETTER**

	New Filing Section Division of Corporations
SUBJEC	
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Charles Patrick Dublin
	Name of Person
	B H Defense, LLC
	Firm/Company
	233 East Bay Street, Suite 615
	Address
	Jacksonville, FL 32202
	City/State and Zip Code
	_cpdublin@bhdefense.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Charles	Patrick Dublin at (571) 606-2320
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 F	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, 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

Λ	RI	TC:	I.	Ι	Nα	me	

The name of the Limited Liability Company is:

Talon Expeditionary Services, LLC

(Must contain 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:

233 East Bay Street, Suite 615 Jacksonville, FL 32202

233 East Bay Street, Suite 615 Jacksonville, FL 32202

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:

Charles Patrick Dublin

Name

233 East Bay Street, Suite 615

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

Jacksonville, FL 32202

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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### ARTICLE IV-

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

	Title: "AMBR" = Authorized Men	Name and Address:	
	"MGR" = Manager MGR	Charles Patrick Dublin 233 East Bay Street, Suite 615 Jacksonville, FL 32202	
	(Use attachment if necessary		
ARTICL If an effe he date o Note: If	E V: Effective date, if other ective date is listed, the date of filing.) The date inserted in this block	nan the date of filing:	
ARTICL	E VI: Other provisions, if an		
_	REQUIRED SIGNATURE	Corand	
	This docum I am aware t	nt of a member or an authorized representative of a member.  In is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.	
	Cha	les Patrick Dublin	

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)