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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER	
TO: New Filing Section Division of Corporations	
SUBJECT:	
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:	
Marty C Adkins	
Name of Person	
Firm/Company	
9240 SE County Road 319	
Address	
Trenton, Fl. 32693	
City/State and Zip Code	
Atactical5@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marty 352 949-0771	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, 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

18 MAY IL AMII: 16
SECRETARY OF STATE
TALLAMASSEE FLORING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	vility Company is:			
5A Tactical LLC	<u> </u>			
(Must co	ontain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ffice of the Limited	Liability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
	1310	00.10	9240 SE County Road 319	
9240 SE County R	toad 319	9240	JE County Road 517	
Trenton, FL 32692	3 Agent, Registered Office, o	Tren & Registered Ager	iton, FL 32693 nt's Signature:	
Trenton, FL 32692 ARTICLE III - Registered A The Limited Liability Companiother business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration	Registered Ager Registered Agent, V	ton, FL 32693	
Trenton, FL 32692 ARTICLE III - Registered A The Limited Liability Companion business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration set address of the registered	Registered Ager Registered Agent, V	iton, FL 32693 nt's Signature:	
Trenton, FL 32692 ARTICLE III - Registered A The Limited Liability Companion business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration	Registered Ager Registered Agent, V	iton, FL 32693 nt's Signature:	
Trenton, FL 32692 ARTICLE III - Registered A The Limited Liability Companion business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration set address of the registered	& Registered Agent. Y agent are:	iton, FL 32693 nt's Signature:	
ARTICLE III - Registered A	Agent, Registered Office, only cannot serve as its own in active Florida registration set address of the registered Marty Adkins	& Registered Agent. Y agent are: Name	nt's Signature: You must designate an individual or	
Trenton, FL 32692	Agent, Registered Office, only cannot serve as its own in active Florida registration set address of the registered Marty Adkins 9240 SE County Road	& Registered Agent. Y agent are: Name	nt's Signature: You must designate an individual or	

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Manager A. Hilliam
MGR	Marty Adkins 9240 SE County Road 319
	Trenton, FL 32693
	Tremon, 1 L 32073
AMBR	Tara Adkins
	9240 SE County Road 319
	Trenton, FL 32693
	<u></u>
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the date	of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior to or 90 days after
e date of filing.) John - If the data increase in this block does not a	neet the applicable statutory filing requirements, this date will not be listed as
ne document's effective date on the Department	
ic document serieetive date on the Department	or state steerus.
RTICLE VI: Other provisions, if any.	
	
NOOTHINDS STONE TURN	
REQUIRED SIGNATURE:	/
Alleka i cilik	/ ?v ′¬
Signature of a me	ember or an authorized representative of a member.
	ted in accordance with section 605.0203 (1) (b), Florida Statutes.
	e information submitted in a document to the Department of State
constitutes a third degre	e felony as provided for in s.817.155, F.S.

Marty Adkins

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)

