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FLORIDA/FOREIGN LIMITED LIABILITY CO.  
TNT OUTFITTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

G. MCLEOD

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621,F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

TNT OUTFITTERS LLC

**ARTICLE II ADDRESS**

The street address of the principal office of the Limited Liability Company is:

3400 NW 43RD PLACE  
BELL, FLORIDA 32619

The mailing address of the Limited Liability Company is:

PO BOX 236  
BELL, FLORIDA 32619

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

SHAWN THOMPSON  
3400 NW 43RD PLACE  
BELL, FLORIDA 32619

Having been named as registered agent 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 608, F.S.

x *Shawn Thompson*

SHAWN THOMPSON/ Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
SHAWN THOMPSON  
PO BOX 236  
BELL, FLORIDA 32619

MANAGING MEMBER  
CHAD THOMAS  
PO BOX 236  
BELL, FLORIDA 32619

.....

x Shawn Thompson / Chad Thomas

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SHAWN THOMPSON

CHAD THOMAS

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