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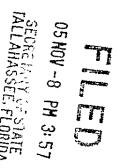
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: NOMAD OUTFITTERS LLC								
(Name of Limited Liability Company)								
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida								
Please return all correspondence concerning this matter to the following:								
John Wolfe								
(Name of Person)								
John J. Wolfe, P. A.								
(Firm/Company)								
2955 Overseas Highway WUS-48928								
(Address)								
Marathon, Florida 33050								
(City/State and Zip Code)								
For further information concerning this matter, please call:								
John Wolfe at (305) 743-9858								
(Name of Person) (Area Code & Daytime Telephone Number)								
MAILING ADDRESS: STREET ADDRESS:								
Division of Corporations Division of Corporations								
P.O. Box 6327 Clifton Building								
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301								
Enclosed is a check for the following amount:								
☐\$125.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & X☐\$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy								



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 27, 2005

JOHN WOLFE JOHN J. WOLFE, P.A. 2955 OVERSEAS HIGHWAY MARATHON, FL 33050

SUBJECT: NOMAD OUTFITTERS LLC

Ref. Number: W05000048928

We have received your document for NOMAD OUTFITTERS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 9 of your application is missing the name(s) of the managing member(s)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please of (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 705A00065114

11-3-05 Corrected doc. attached. J. Dorman

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	NOVED COMPANY TO THE PROPERTY OF THE CONTROL OF THE
٠ –	NOMAD OUTFITTERS LLC (Name of Foreign Limited Liability Company)
(J cc	Commonwealth of Virginia 3. 134311435 [urisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)
	3-11-04 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to
	(Date of Organization) (Duration: Fear limited hability company will cease to exist or "perpetual")
ĵ	Upon qualification
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
· _	59740 Overseas Highway
_	Marathon, FL 33050
	(Street Address of Principal Office)
. І	If limited liability company is a manager-managed company, check here
. 1	The name and usual business addresses of the managing members or managers are as follows:
	Carter Bates
	59740 Overseas Highway
	Marathon, FL 33050
ejı	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recor urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
1.	Nature of business or purposes to be conducted or promoted in Florida: All business that
	may lawfully be conducted in Florida.
_	Signature of a member of an authorized representative of a member.
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	John Wolfe
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	The name of the Limited Liability Company is:				75 S	
	NOMAD OUTFITTERS	LLC			59 香	
2. The name a	and the Florida street addr	ress of the registered	d agent and offic	e are:	HASSEE OF	
	John J. Wolfe	21			FLORE	у Э
		(Name)			PAR T	-1
	2955 Overseas Highway					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Marathon	FL	33050	-		-
		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 608, Florida Statutes.

(Signature) John J. Wolfe

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Commonwealth of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to Nomad Outfitters LLC, a limited liability company formed under the laws of VIRGINIA, effective as of March 11, 2004.

As of the date below, articles of cancellation have not been filed in this office by Nomad Outfitters LLC, a Virginia limited liability company.

Nothing more is hereby certified.





Signed and Sealed at Richmond on this Date: October 6, 2005

Joel H. Peck. Clerk of the Commissi