

Kenny Ray Mitchell
 Requester's Name
1303 Ococa Rd. Apt. 125
 Address
Tallahassee, FL 32304 877-4100
 City/State/Zip Phone #

L01000001918
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #) **000003654870--9**
 -02/06/01--01097--009
 ****155.00 ****155.00
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

01 FEB -6 PM 2:18
 DIVISION OF CORPORATION

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 FEB -6 PM 2:24

APPROVED
 AND
 FILED

- Walk in
 Mail out
 Pick up time
 Will wait
 Certified Copy
 Certificate of Status
 Photocopy

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials JPB
2-6-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOADED SUNZ L.L.C.

ARTICLE II - Address:

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

2401 W. PENSACOLA STREET
SUITE A & B TALLAHASSEE FLORIDA 32304

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

JOSHUA DAVIS
Name
3806 OLD HICKORY POND ROAD
Florida street address (P.O. Box NOT acceptable)
COTTONDALE FL 32431
City, State, and 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, F.S..

Josh Davis
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Josh Davis
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.)

JOSHUA DAVIS
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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