

Feb-20-04

09:57

From-BAKER & HOSTETLER

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BAKER & HOSTETLER LLP
Account Number : I19990000077
Phone : (407) 649-4043
Fax Number : (407) 841-0168

LIMITED LIABILITY COMPANY
RANDALLMADE KNIVES PROPERTY LLC

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

L04-13821

[Signature]

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4078410168

T-211 P.002/004 F-284

200 S. Orange Ave., Suite 2300
Orlando, FL 32801
407-649-4000

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RandallMade Knives Property LLC
(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:

Michelle St. Pierre
(Name of Person)

Baker & Hostetler LLP
(Firm/Company)

303 East 17th Avenue, Suite 1100
(Address)

Denver, CO 80203
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle St. Pierre at (303) 764-4089
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **RandallMade Knives Property LLC**

ARTICLE II - Address:

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

Principal Office Address:

4857 South Orange
Blossom Trail
Orlando, FL 32839

Mailing Address:

4857 South Orange
Blossom Trail
Orlando, FL 32839

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

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

A.G.C. Co.		
Name		
200 S. Orange Ave., Suite 2300		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
Orlando	FL	32839
City, State, and Zip		

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TALLAHASSEE, FLORIDA

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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.


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gary Randall

4587 S. Orange Blossom Trail

Orlando, FL 32839

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

 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.)


 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)

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