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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: J & M OUTDOORS, L.L.C. 2004 MAR 25 A 10: 17
(Name of Limited Liability Company) SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM STALLINS
(Name of Person)

J & M OUTDOORS, L.L.C.
(Firm/Company)

P.O. Box 172
(Address)

LAKE PLACID, FL. 33862-0172
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM STALLINS at (863) 464-1135
(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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & M OUTDOORS, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

3061 LAKE JUNE BLVD.
LAKE PLACID, FL. 33852

Mailing Address:

PO Box 172
LAKE PLACID, FL. 33862-0172

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

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

JIM STALLINS
Name

3061 LAKE JUNE BLVD.
Florida street address (P.O. Box **NOT** acceptable)

LAKE PLACID, FLORIDA 33852
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, Florida Statutes..


Registered Agent's Signature

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

JIM STALLINS

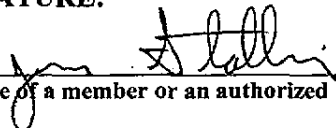
PO BOX 172

LAKE PLACID, FL. 33862-0172

(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.)

JIM STALLINS

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)