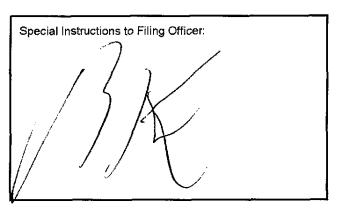
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// v	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	IP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Cartified Conjec	Contificates of Status



Office Use Only



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Fictitious Name

Reinstatement

Name Reservation

UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

November 4, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Gunsamerica LLC

		Fig. S.
	Filing Evidence Plain/Confirmation Copy	Type of Document Certificate of Status
	☐ Certified Copy	☐ Certificate of Good Standing
		☐ Articles Only
	Retrieval Request Photocopy	All Charter Documents to Include Articles & AmendmentsFictitious Name Certificate
	☐ Certified Copy	Other
	NEW FILINGS	AMENDMENTS
	Profit	Amendment
	Non Profit	Resignation of RA Officer/Director
X	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	Annual Reports	Foreign

Limited Liability

Reinstatement

Trademark

Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORG FOR FLORIDA LIMITED LIAI	\$2 5 T
ARTICLE I - Name: The name of the Limited Liability Company is:	The state of the s
GUNSAMERICA LLC	5
ARTICLE II - Address: The mailing address and street address of the princip	O. P.
Principal Office Address:	Mailing Address:
2040 NE 163RD ST	2040 NE 163RD ST
STE 310	STE 310
NORTH MIAMI BEACH, FL 33162	NORTH MIAMI BEACH, FL 33162
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	
NRAI SERVICES, INC.	· ·
2731 EXECUTIVE PARK DR STE 4 Florida street address (P.O. Box	
WESTON City, State, and Zi	FLORIDA 33331

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...

By:

Registered Agent's Signature
ED HAND, ASSISTANT SECRETARY

Page 1 of 2 (CONTINUED)

Title:	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MORM	DALIL LIEUNICIZI
MGRM	PAUL HELINSKI
	2040 NE 163RD ST STE 310
	NORTH MIAMI BEACH, FL 33162
	· · · · · · · · · · · · · · · · · · ·
74	
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is request
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REQUIRED SIGNATURE:	P
REQUIRED SIGNATURE:	t be added if an effective date is requested
REQUIRED SIGNATURE: Stynamurod a member or (In accordance with section	an authorized representative of a member. 608 408(3), Florida Statutes, the execution
Signature: (In accordance with section of this document constitutes	an affirmation under the penalties of perjury
REQUIRED SIGNATURE: Stynamy of a manufactor (In accordance with section	608 408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)

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)