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FLORIDA/FOREIGN LIMITED LIABILITY CO.

McCauley Taxidermy, LLC

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FAX AUDIT # H070002607133

**ARTICLES OF ORGANIZATION
OF
McCauley Taxidermy, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **McCauley Taxidermy, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
4144 NW Noegel Road, Wellborn, Florida 32094.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Cammy Scott, 4424 NW American Lane
Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Michael McCauley, 4144 NW Noegel Road, Wellborn, Florida 32094



Date: October 16, 2007

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **McCauley Taxidermy, LLC**

The name and address of the registered agent and office is Cammy Scott, 4424 NW American Lane Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Cammy Scott
Cammy Scott

Date: 10/18/07

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