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SECRETARY OF STATE

FILED

COVER LETTER

`TO:	Registration Division of C						
SUBJE	Thune	derwolf Outfitters, L	L.C.				
GUDJE			ed Liability Company)				
The en	closed Articles	of Organization and fee(s) are s	submitted for filing.				
Please	return all corres	pondence concerning this matt	er to the following:				
	Mr. Kris J	ohnson Presi	dent/C.	E.O.			
		'	(Name of Person)				
	Thunderv	volf Outfitters, L.L.0	C. "Limited Lia	bility Com	pany"		
	,		(Firm/Company)	-			
	4614 S.W	/.30th. Way			SE	2008	
			(Address)		AH.	JAN	
	Fort Lauc	lerdale, Florida 333	312		ARY ASSE	1 22	
•		(City	/State and Zip Code)		<u> </u>	U	T
For fur	ther information	n concerning this matter, please	call:		STATE	2: 31	
Mr. I	Kris Johns	son	at (954) 90	67-0434	-		
	(Nam	e of Person)	(Area Code & I	Daytime Telephon	e Number)		
Enclos	ed is a check t	for the following amount:		:			
 \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fe Certified Copy (additional copy is e	Ce nclosed) Ce	50.00 Filin rtificate o rtified Co ditional cop	of Statu py	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, I	ection orporations ing ve Center Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ity Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
4614 S.W.30th. Way
Fort Lauderdale, Florida 33312
Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another egistered agent are: -esident/C.E.O. -esiden

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 (REOUIRED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
"MGR"	Mr. Kris Johnson President/C.E.O.
	4614 S.W.30th. Way
	Fort Lauderdale, Florida 33312
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	AAR SSE
	ORILI 3
	-
(Use attachment if necessary)	Jan. 10.2008
LEV: Effective date if other than the	he date of filing: Jan. 04, 2008 . (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: Jan. 04, 2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Mr. Kris Johnson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)