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(Address)

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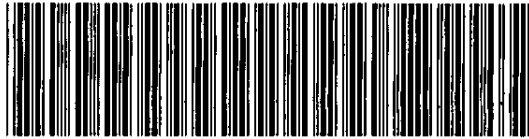
(Business Entity Name)

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DIVISION OF CORPORATION  
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FEB 15 2008

EXAMINER

**DOUGLAS J. BURNS, P.A.**

**Douglas J. Burns**

Licensed to Practice  
in Florida and  
Georgia

Attorney at Law  
Certified Public Accountant

Telephone: 727.725.2553  
Facsimile: 727.725.9584  
Email: dburns@ij.net

2559 Nursery Road, Suite A  
Clearwater, Florida 33764

February 11, 2008

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Saf-T-Concepts, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of the above-referenced Articles of Organization, along with a check in the amount of \$125.00 for the filing fee.

Thank you for your assistance. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

DOUGLAS J. BURNS, P.A.

 CPS/CAP

Deborah A. Gibson, CPS/CAP  
Legal Administrative Assistant

Enclosures

**ARTICLES OF ORGANIZATION  
FOR  
SAF-T-CONCEPTS, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
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The undersigned, he being a natural person, competent to contract for the purpose of forming a limited liability company under the laws of the State of Florida, does hereby adopt the following articles of organization in accordance with Section 608.401.

**ARTICLE I**

**NAME OF BUSINESS:** The name of the Limited Liability Company shall be **SAF-T-CONCEPTS, LLC**.

**ARTICLE II**

**NATURE OF BUSINESS:** The general nature and purpose of business to be transacted, promoted and carried on by the company is to engage in any activity or business now or hereafter authorized and permitted under the laws of the United States and the State of Florida to be done or exercised by a company organized for profit.

**ARTICLE III**

**INITIAL CAPITAL:** The amount of capital with which this company shall begin business is Five Hundred and 00/100 Dollars (\$500.00).

**ARTICLE IV**

**TERM OF EXISTENCE:** This company shall have a perpetual term of existence, commencing upon receipt of these Articles by the Secretary of State.

**ARTICLE V**

**ADDRESS OF BUSINESS:** The initial mailing and business address of the principal office of the proposed company in the State of Florida shall be:

9848 East Bay Street  
Seminole, Florida 33776

**ARTICLE VI**

**INITIAL REGISTERED AGENT:** The name and street address of the initial registered agent is: Patrick Mathews, 9848 East Bay Street, Seminole, Florida 33776.

**ARTICLE VII**

**MANAGEMENT:** The Limited Liability Company is to be managed by the members.

Initials 


**CERTIFICATION OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the limited liability company is **SAF-T-CONCEPTS, LLC.**
2. The name and the Florida street address of the registered agent is:

Patrick Mathews, 9848 East Bay Street, Seminole, Florida 33776.

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 properly and complete my duties, and I am familiar with and accept the obligations of my position as registered agent.



**Patrick Mathews, Member**

STATE OF FLORIDA     )  
COUNTY OF PINELLAS   )

**BEFORE ME** personally appeared **Patrick Mathews**, personally known to me or who produced \_\_\_\_\_ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

**WITNESS** my hand and seal on this 7 day of <sup>February</sup>~~January~~, 2008 at Clearwater, Florida.

  
\_\_\_\_\_  
NOTARY PUBLIC -STATE OF FLORIDA

My Commission expires:

**DEBORAH A GIBSON**  
Notary Public, State of Florida  
My Comm. Expires Nov. 20, 2009  
No. DD492262

Initials 

IN WITNESS WHEREOF, the undersigned subscriber to this instrument, Articles of Organization of **SAF-T-CONCEPTS, LLC**, places his hand and seal this 7 day of ~~January~~ <sup>February</sup>, 2008 at Clearwater, Florida.

In the presence of:

Deborah A. Gibson  
WITNESS

  
Patrick Mathews, Member

  
WITNESS

STATE OF FLORIDA       )  
COUNTY OF PINELLAS   )

**BEFORE ME** personally appeared **Patrick Mathews** personally known to me or who produced \_\_\_\_\_ as identification and who did/did not take an oath, and was known to be the person described in and who executed the foregoing instrument as Member to the foregoing Articles of Organization and who, after being first duly sworn, acknowledged that he executed same for the purposes set forth and that all information is true and correct to his best knowledge and belief.

**WITNESS** my hand and seal on this 7 day of ~~January~~ <sup>February</sup>, 2008 at Clearwater, Florida.

Deborah A. Gibson  
NOTARY PUBLIC -STATE OF FLORIDA

My Commission expires:

**DEBORAH A GIBSON**  
Notary Public, State of Florida  
My Comm. Expires Nov. 20, 2009  
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