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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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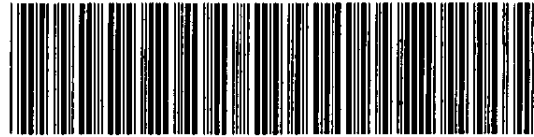
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL 25 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. D. JUL 28 2008

CSS Nevada

Corporate Support Services of Nevada, Inc.

July 15, 2008

Registration Section
Corporations Division
P. O. Box 6327
Tallahassee, FL 32314

Re: Admiral Craft, LLC and Tucom, LLC

Dear Sir or Madam:

In order to file the above Articles of Organization of Limited Liability Company we have enclosed the following:

1. Cover Letter;
2. Original and two (2) copies of the Articles of Organization;
3. One (1) check payable to the Florida Department of State for \$260.00 for filing fee; and
4. Regular Mail envelope.

Please file these documents at your earliest convenience. Also, please provide us with two file stamped copies of the filed document. Please return the filed documents to our office in the Priority Mail envelope provided for your convenience. If you have any questions, please do not hesitate to contact this office.

Thank you for your anticipated courtesy and cooperation in this matter.

Sincerely yours,



Alan Russell

AR :bh
Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Admiral Craft, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Alan H. Russell

(Name of Person)

Corporate Support Services of Nevada, Inc.

(Firm/Company)

4535 W Sahara Ave Suite 200

(Address)

Las Vegas, NV 89102

(City/State and Zip Code)

For further information concerning this matter, please call:

Alan H. Russell at (702) 933-4030
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Admiral Craft, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

226 Becky Court
Merritt Island, FL 32952

Mailing Address:

4535 W Sahara Ave
Suite 200
Las Vegas, NV 89102

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kathy K. Cregan

Name

226 Becky Court

Florida street address (P.O. Box **NOT** acceptable)

Merritt Island FL 32952

City, State, and Zip

08 JUL 25 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Kathy K. Cregan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Flying Lance, LP

4535 W Sahara Ave Suite 200

Las Vegas, NV 89102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Alan H. Russell, Organizer

Typed or printed name of signee

08 JUL 25 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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)