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(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV - 7 PM 2:58

W08-49303
BRYAN OCT 28 2008
J. BRYAN
NOV 10 2008
EXAMINER

LAW OFFICE OF ANGI COMAS, P.A.

4230 S. MacDill Avenue, Suite B
Tampa, FL 33611
Phone: 813-868-4414
Facsimile: 813-868-4416
Website: www.angicomas.com
Email Address: info@angicomas.com

October 21, 2008

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

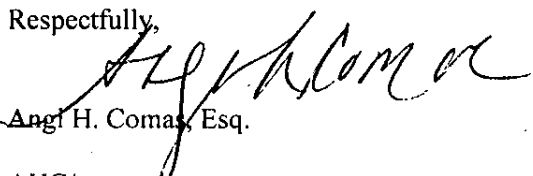
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RE: HIDDEN HOLSTERS, LLC

Enclosed, please find Articles of Organization for the above-referenced limited liability company along with the necessary fees for the filing of same.

Should you have any questions or require any further information, please do not hesitate to contact our office.

Respectfully,


Angi H. Comas, Esq.

AHC/meo
Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2008

ANGI H. COMAS, ESQ.
LAW OFFICE OF ANGI COMAS, P.A.
4230 S. MACDILL AVENUE, SUITE B
TAMPA, FL 33611

SUBJECT: HIDDEN HOLSTERS, LLC
Ref. Number: W08000049303

FILED STATE
SECRETARY OF CORPORATIONS
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We have received your document for HIDDEN HOLSTERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 908A00055302

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIDDEN HOLSTERS, 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:

10615 Deepbrook Drive
Riverview, FL 33569

Mailing Address:

10615 Deepbrook Drive
Riverview, FL 33569

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:

James Surrusco

Name

10615 Deepbrook Drive

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

Riverview, FL 33569

FL

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

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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

James Surrusco

P.O. Box 2062

Riverview, FL 33568

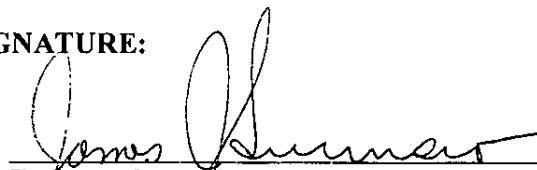
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(Use attachment if necessary)

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.)

James Surrusco

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)