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Ťo:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 r : (305)633-9696 Phone Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

shaolin shotgun llc

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May 8, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: SHAOLIN SHOTGUN LLC

REF: W09000021670

We received your electronically transmitted document. However, the compent has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

An individual must sign on behalf of the business entity you have designated as the registered agent.

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

If you have any questions concerning the filing of your document, please call $(850)\ 245-6020$.

Tammi Cline Regulatory Specialist II FAX Aud. #: H09000116927 Letter Number: 209A00015651

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

SHAOLIN SHOTGUN LLC

ARTICLE I

The name of the Limited Liability Company shall be: SHAOLIN SHOTGUN LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Actor

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company: 2201 SEIDENBERG AVENUE, KEY WEST, FL 33040

ARTICLE IV

The name and the Florida street address of the registered agent: SANCHEZ & ASHBY, P.A., 1720 N. ROOSEVELT BLVD., KEY WEST, FLORIDA 33040

ARTICLE V

The name of the Managing Members:

MICHAEL J. MARRERO

CHRISTOPHER T. SHULTZ

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

SHAOLIN SHOTGUN LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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 my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent

Signature of a member of an authorized representative of a member.

(In accountance 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.)

Typed or printed name of signee

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