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| (Rec | questor's Name) | |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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B. KOHR

MAY 1 2 2009

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations |
|------------------|--|
| SUBJE | CT: JH Gunsmithing & Arms LLC |
| | Name of Limited Liability Company |
| The enc | closed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: James Hurin Name of Person |
| _ | James Hurin & F |
| - | Name of Person |
| _ | JH Gunsmithing & Arms LLC |
| | Firm/Company |
| _ | 2039 E. Fowler Ave. |
| | Address |
| | Tampa, Fl. 33612 |
| | City/State and Zip Code EFFECTIVE DATE 5 409 |
| | scuba_haven@hotmail.com |
| | E-mail address: (to be used for future annual report notification) |
| For furti | her information concerning this matter, please call: |
| | James Hurin at (813) 972-4455 |
| | Name of Person Area Code & Daystime Telephone Number |
| | |
| Enclose | ed is a check for the following amount: |
|]\$ 125.0 | O Filing Fee \$\bigset{I}\$130.00 Filing Fee \& Certificate of Status \$\bigset{Certificate of Status}\$ Certified Copy (additional copy is enclosed) \$\bigset{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 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: | | | | | |
|--|---|--|--|--|--|
| JH Gunsmithing & Arms LLC (Must end with the words "Limited Liability Company," "L.IL.C.," or "LLC.") | | | | | |
| ARTICLE II - Addr The mailing address a | | ne principal office of the Li | mited Liability Company is: | | |
| Principal Office Add | iress: | Mailing Address: | | | |
| 2039 E. Fowler Ave Tampa, Fl. 33612 | | 2039 E. Forwler Ave Tampa, Fl. 33612 | | | |
| (The Limited Liability Comp- business entity with an activ | any cannot serve as its own I re Florida registration.) | ered Office, & Registered Registered Agent. You must designa EFFE(the registered agenut are: | Agent's Signature: te an individual or another CTIVE DATE 5 4 9 | | |
| | JAMES H | | - 1 | | |
| | 2039 E. | Fowler Ave. | FILE FILE | | |
| | | (P.O. Box <u>NOT</u> acceptable) | 門山里口 | | |
| | Tampa City, Sta | FL ate, and Zip | In 15 | | |
| liability company of registered agent and of statutes relating to t | at the place designated agree to act in this cap the proper and complet | l in this certificate, I hereby | nply with the provisions of all and I am familiar with and | | |
| | Registered Agent's S | signature (REQUIRED) | | | |

(CONTINUED)

Page 1 of 2

| <u> Fitle:</u> | Name and Address: |
|---|--|
| 'MGR" = Manager | |
| 'MGRM" = Managing Member | |
| Managing Member | James Hurin |
| | 5011 Melrow Ct. |
| | Tampa, Fl. 33624 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Use attachment if necessary) | |
| LEV: Effective date, if other than | the date of filing: 05-04-09 (OPTION to be specific and cannot be more than five business d |
| 'andisa daga is lintad tha distructure | t be specific and cannot be more than five business d |
| | |
| days after the date of filing.) | |
| days after the date of filing.) REQUIRED SIGNATURE: | |
| days after the date of filing.) REQUIRED SIGNATURE: | Jan Han- |
| days after the date of filing.) REQUIRED SIGNATURE: | mber or an authorized representative of a member. |
| days after the date of filing.) REQUIRED SIGNATURE: Signature of a med (In accordance with | mber or an authorized representative of a member. In section 608.408(3), Florida Stantutes, the execution constitutes an affirmation under the penalties of perjury |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)