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SECRETARY OF STATE

COVER LETTER

Registration Section

	Division of Corporations
•	SUBJECT: Action Knives
	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:
	John F Porcari
	Name of Person
	Firm/Company
	12727 Guernsey Street Address
	Jacksonville, FL 32226
	City/State and Zip Code
	porcarijohn3@gmail.com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	John Porcari at (904) 751-1055 Name of Person Area Code & Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\sum \$\sum \text{\$\sum \sen \text{\$\sum \text{\$\sin \text{\$\sum \text{\$\sum \text{\$\sin
	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

ARTICLE I - Name: The name of the Limited Liability Company is: Action Knives, 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: Mailing Address: 12727 Guernsey Street Jacksonville, FL 32226 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

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

business entity with an active Florida registration.)

John F Porcari

Name

12727 Guernsey Street

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

Jacksonville

FL 32226

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.

egistered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:			- 100	me and Ac					
	Manager								
"MGRM"	' = Managir	ng Member							

(Use attac	chment if no	ecessary)							
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