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EXAMINER

COVER LETTER

TO: Registration S Division of Co			15			,	
SUBJECT: Gulf B		ــــــــــــــــــــــــــــــــــــــ					
	Name of Limi	ted Liability Co	mpany				
The enclosed Articles of	f Organization and fee(s) are	submitted for f	iling.				
Please return all corresp	ondence concerning this ma	tter to the follow	ving:				
Jeremy S	S. Johnson						
		Name of Person	1				
		Firm/Company					
1564 Star	nford Rd						
		Address					·
Gulf Breeze	e, FL 32563				SEC	2012	
jsjohnson82	ci @gmail.com	ty/State and Zip (Code		RETAF AHAS		errane)
	E-mail address: (to be used	for future annual	report notification	1)		ದ	- F
For further information of	concerning this matter, pleas	e call:			GF ST/ E. FLO	M. C.	
Jeremy Johnson		at (850	377-314	5	PAFE PRIO	99	
Name o	of Person		Code & Daytime T	elephone Numbe	:r	_	
Enclosed is a check fo	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 F Certificat Certified (additional	e of Star Copy	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Addre tration Section ion of Corporation ion Building Executive Cente hassee, FL 3230	ons er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
• • •
Gulf Proozo Guno III C
Gulf Breeze Guns, 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:	
1564 Stanford Rd	1564 Stanford Rd	
Gulf Breeze, FL 32563	Gulf Breeze, FL 32563	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Jeremy S. Johnson	of the registered agent are:	AY -3 RETARY CAHASSEE
1564 Stanford	d Rd	F STA
Florida st	treet address (P.O. Box NOT acceptable)	TATE ORIDA
Gulf Breeze	_{FL} 32563	
	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 Sygnature (REQUIREL

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Jeremy S. Johnson	
	1564 Stanford Rd	
	Gulf Breeze, FL 32563	
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(Use attachment if necessary)		7
CLE V: Effective date, if other than the o	date of filing: OPTION) (L)
0 days after the date of filing.)		
	FLORID,	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jeremy S. Johnson

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)