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|---|
| (Requestor's Name) |
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| L. SELLERS |
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12 MAY 23 PH 5: 14
SECRETARY OF STATE
AND ASSEED FLORIDA

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|--|
| SUBJECT: TNT F | FIREARMS, LLC | | |
| | Name of Limit | ed Liability Company | |
| The enclosed Articles o | f Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | oondence concerning this mat | ter to the following: | |
| W. Rodg | <u>ers Moore, Esq.</u> | Name of Person | |
| W Poda | oro Mooro DA | Name of Person | |
| vv. Rougi | ers Moore, P.A. | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| 1900 Gla | des Road, Suite 4 | . , | |
| | | Address | |
| Boca Rato | n, FL 33431 | | |
| | | y/State and Zip Code | |
| coastalted@ | | | |
| | E-mail address: (to be used : | for future annual report notification) | |
| For further information | concerning this matter, please | e call: | |
| Theodore B. Tho | | at (561) 5734526 | |
| Name | of Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a check for | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, 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 Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | ircle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | ICI | \mathbf{E} | I - 1 | Va m | e: |
|----------------|------------------------------------|--------------|-------|--------|----|
| $\Delta I = I$ | $\mathbf{I} \mathbf{L} \mathbf{I}$ | 1 1 1 | - 1 | 141111 | |

The name of the Limited Liability Company is:

TNT FIREARMS, 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: |
|---------------------------|----------------------|
| 1521 SW 15th Street | 1521 SW 15th Street |
| Boca Raton, FL 33486 | Boca Raton, FL 33486 |
| | |

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:

| W. Rougers Mod | JIE, F.A. |
|----------------|--|
| | Name |
| 1900 Glades | Rd., Suite 401 |
| Florida | street address (P.O. Box NOT acceptable) |
| Boca Raton | _{FL} 33431 |
| | 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)

Page 1 of 2

12 MAY 23 PH 5 IL

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| "MGRM" = Managing Member | | |
|-------------------------------------|---|---------|
| MGRM | Theodore B. Thomas, Jr. | |
| | 1521 SW 15th Street | |
| | Boca Raton, FL 33486 | |
| MGRM | Todd D. Ford | |
| <u> </u> | 6578 NW 56th Street | |
| | Coral Springs, FL 33069 | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| LE V: Effective date, if other than | the date of filing:st be specific and cannot be more than | (OPTION |

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.)

Theodore B. Thomas, Jr.

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)