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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER JUN 21 2012

# **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: The Muzzle Flash	
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:	
Dennis Amo	
Name of Person	
The Muzzle Flash	
Firm/Company	
3623 75Th. Dr. E	
Address	
Sarasota Florida 34243	2
City/State and Zip Code	ZIIZ JUI 20 SECRE AR)
DAMORACE88@aol.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Dennis Amo at (941 ) 773-0557	AH 9: 44 OF STATE
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	of Status &

## 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

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The Muzzle Flash "LLC."  (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Li	ability Coı	mpany	is:
Principal Office Address:	Mailing Address:			
3623 75Th. Dr. E	3623 75Th. Dr. E			
Sarasota Florida 34243	Sarasota Florida 34243			
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indivibusiness entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Dennis Amo		SECR TALLA	2012 JUN 20	
	Name	AR SS	120	g, Hore Lin
3623 75Th. Dr. E		ETARY OF STATE HASSEE, FLORID	44 9: Lu	13
Florida street address (P.O. Box NOT acceptable)		07 7.S	تعد	1
Sarasota Florida 34243 <sub>FL</sub>		RED	£	
	City, State, and Zip	➣	-	
Having been named as registered agent a liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl accept the obligations of my position a	ed in this certificate, I hereby accept th apacity. I further agree to comply with lete performance of my duties, and I an	ne appointn n the provis n familiar v	nent as sions of with ar	i f all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# 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	1ember		
MGR	Dennis Amo		
-	3623 75Th. Dr. E	_	
	Sarasota Florida 34243	_	
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	L A	2912 JUN 20	
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(Use attachment if nece	sarv)	•	
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CLE V: Effective date, if	ther than the date of filing: (OPTIC	DNAL)	
effective date is listed, th O days after the date of t	date must be specific and cannot be more than five business	days pr	ior
o days after the date of t	ng.)		
REQUIRED SIGNAT	RE:		
REQUIRED SIGNAT	RE:		
	Da		
	RE:		
Signat (In accordance	re of a member or an authorized representative of a member. ith section 608.408(3), Florida Statutes, the execution of this document	<b>.</b>	
Signat (In accordance constitutes an I am aware tha	care of a member or an authorized representative of a member.	<b>.</b> .	

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)

Typed or printed name of signee