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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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B. BOSTICK
FEB 2 2 2013
EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

Suncoast Firearms Academy, L.L.C.

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:		
Steven Cavallaro		
Name of Person		
Firm/Company		
8995 Province Street		
Address		
Sarasota, FL 34240	TALL	ಪ
City/State and Zip Code	<u> </u>	HEB
steve@sfasrq.com	Po s	~ ;
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	EC. PLO	PM 12: 15
Steven Cavallaro 941 345-08	372 E	15
Name of Person Area Code & Daytime Telep	75	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{Status} \$155.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
Mailing Address Street/Courier Address		

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section 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:	
Suncoast Firearms Academy, L.L.C. (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8995 Province Street	8995 Province Street
Sarasota, FL 34240	Sarasota, FL 34240
Sarasota, City, Sta	egistered agent are: PH 2 PH 3 PH 2 PH 3 PH
liability company at the place designated in the registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Registered Agent's Signate	ire (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:

"MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:	
	magmg Memoer	Otana - Canallara	
MGR		Steven Cavallaro	
		8995 Province Street Sarasota, FL 34240	
		Sarasula, FL 34240	
MGRM		Allison Cavallaro	
		8995 Province Street	
		Sarasota, FL 34240	<u> </u>
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Use attachmen	t if necessary)		
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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)