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**FLORIDA FILING & SEARCH SERVICES, INC.**

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**

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**DATE: 3/5/13**

**NAME: ACME RELOADING SUPPLY, LLC**

**TYPE OF FILING: ARTICLES**

**COST: 125.00**

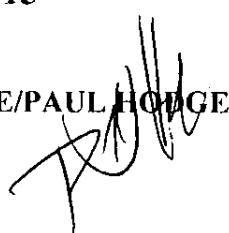
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACME RELOADING SUPPLY, LLC  
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:

MARVIN S. MANN

Name of Person

ACME RELOADING SUPPLY LLC

Firm/Company

244 STATE ROAD 16

Address

ST AUGUSTINE, FL 32084

City/State and Zip Code

acmereloading@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARVIN S. MANN at (904) 315-8883

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACME RELOADING SUPPLY, 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:

244 STATE RD 16  
ST AUGUSTINE, FL  
32084

Mailing Address:

3544 KINGS RD S.  
ST AUGUSTINE, FL  
32086

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:

Effective Date 02/28/13

ROLANDE FERRELL

Name

244 STATE RD 16

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

ST AUGUSTINE FL 32084

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.

Roland Ferrell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MOR" = Manager

"MORM" = Managing Member

MGRM

MLR

**Name and Address:**

MARVIN S. MANN  
3544 KINGS RD S.  
ST AUGUSTINE, FL 32086

ROLAND F. FERRELL  
244 STATE RD W.  
ST AUGUSTINE FL 32084

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: FEB. 28, 2013 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

MARVIN S. MANN  
Typed or printed name of signer

**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)

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