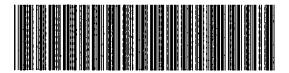
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 05-30-13

2013 HAY -8 AM II: 38
SECRETARY OF STATE
TALLAHASSEF, FLORIDA

B. BOSTICK
MAY -9 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Lion Tribe Armory

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:

Nestor	Seda					
And the second s		Name of Person				
		Firm/Company				
183 Ma	rtin Circle					
40		Address				
Royal F	Palm, FL 3341	11				
Nseda69	@aol.com	ty/State and Zip Co			SECÍ TALLA	2013 HAY
For further information	E-mail address: (to be used concerning this matter, please		port notification)		HASSE	AY -8
Nestor Sec	da	_{at (} 561	,234-6	210	E, FL	
Name	of Person		de & Daytime Tel		DRID!	AM III: 38
Enclosed is a check for	or the following amount:					
□\$125.00 Filing Fee	Certificate of Status	□\$155.00 Fil Certified C (additional co	_	2 \$160.00 Fill Certificate Certified C (additional co	of Status Copy	s &
	Mailing Address Registration Section		Courier Address	<u>s</u>		

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	he Limited Liability Comp	pany is:	
Lion Tribe Armo			
	(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II	- Address:		
The mailing ac	ddress and street address of	of the principal office of the Limited Lia	ability Company is:
Principal Offi	ice Address:	Mailing Address:	
183 Martin Cir Royal Palm, FL 33411		183 Martin Cir Royal Palm, FL 3	33411
(The Limited Liabi business entity wi	lity Company cannot serve as its cith an active Florida registration.) the Florida street address	gistered Office, & Registered Agent's own Registered Agent. You must designate an indivi-	
	Nestor Seda	Name	20 TAI
			T 2013 MAY SECRETURAL SALLAHA
	183 Martin Clr		HAY -8 AMI RETARY OF S AHASSEE, FL
		street address (P.O. Box NOT acceptable)	-8 -8 (SSI)
	Royal Palm	_{FL} 33411	mg - M
		City, State, and Zip	
liability coi registered ag all statutes i	mpany at the place design gent and agree to act in thi relating to the proper and	t and to accept service of process for the ated in this certificate, I hereby accept the is capacity. I further agree to comply will complete performance of my duties, and fon as registered agent as provided for in	ne appointment as th the provisions of I am familiar with
	Registered Agen	it's Signature (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	Nestor Seda
	183 Martin Cir Royal Palm, FL 33411
· · · · · · · · · · · · · · · · · · ·	
	SEC
	A HEN
	—————————————————————————————————————
(Use attachment if necessary)	<u></u> 五元

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Fiorida 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.)

Nestor Seda

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)