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COVER LETTER

Division of Corporations
SUBJECT: Big Rang Fireworks LLC Name of Banited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Wilson Name of Person
Firm/Company
19002 Apian Way Address
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Compail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Wilson at (231) 878-3721 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:

Big Bang Fireworks 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:
2414 Brock Road 2414 Brock Road Plant City, FL 33565 Plant City, FL 33565
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:
The name and the Florida street address of the registered agent are:
Christopher Wilson
Florida street address (P.O. Box NOT acceptable)
Lutz FL 33558 City 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 605, F.S Degistered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title:	Name and Address:		
"AMBR" = Authorized Member "MGR" = Manager	2 1		
AMBR	Mristopher Wilson		
	Lutz FC 33558		
AMBR	Kichard Propster		
		5565	
			
		_	
			
(Use attachment if necessary)			
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