## L14000107636

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500261741075

07/07/14--01050--019 \*\*130.00

14 JUL -8 AH 9: 18

[12M 7/8/11

## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJE	ECT: <u>DEAD</u>	CENTER FIREARMS, LLC Name of Lin	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Chad Rh	oades		· · · · · · · · · · · · · · · · · · ·
			Name of Person	
			Firm/Company	<del></del>
	<u>4623 101</u>	h Street	Address	
	Sarasota	, Florida 34232		***
			City/State and Zip Code	
<u>bu</u>	ıgman187@v	erizon.net E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, ple	ase call:	
Chad I	Rhoades	at (at (at (at (at (		L. L. N. I
	Nan	ne or Person	Area Code Daytime Tel	lephone Number
Enclose	ed is a check fo	or the following amount:		
□ \$125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		iling Address	Street/Courier Add	ress
		istration Section ision of Corporations	Registration Section Division of Corporat	ions
		Box 6327	Clifton Building	TONG
		ahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
DEAD CENTER FIREARMS, LLC	A Linkility Common WI T C 2 or	arrow.
(Must end with the words "Limited	d Liability Company, "L.L.C.," or '	·LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Com	nany ic
The maining address and succe address of the principal C		pany is.
Principal Office Address:	Mailing Address:	
4623 10th Street	4623 10th Street	
Sarasota, FL 34232	Sarasota, FL 34232	<del></del>
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered	n Registered Agent. You must desigon.)	
Chad Rhoades		
Name Name	e	
4623 10th Street Florida street address (P.O. Bo	ox <u>NOT</u> acceptable)	
Sarasota	FL 34232	
City	Zip	
Having been named as registered agent and to accept so the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	pt the appointment as registered age s of all statutes relating to the prope	ent and agree to act in this r and complete performance
Chad Rho Registered Agent's Signi	ature (REQUIRED)	SECRE 14 JUL
(CONTINU	U <b>ED</b> )	RAP &
Page I of	2	AN 9: Je

GR Chad Rhoades  4623 10th Street Sarasota, FL 34232  Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title:</u> "AMBR" = Authorized	d Member	Name and Address:	
Use attachment if necessary)  V: Effective date, if other than the date of filing:  (OPTIONAL)  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filing Fees:  3125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  State of Status (Optional)		w 117.001		
Jee attachment if necessary)  V: Effective date, if other than the date of filing:			Chad Rhoades	
Use attachment if necessary)  V: Effective date, if other than the date of filing:		<del></del>	4623 10th Street	
Use attachment if necessary)  V: Effective date, if other than the date of filing:			Sarasota, FL 34232	
Use attachment if necessary)  V: Effective date, if other than the date of filing:				
Use attachment if necessary)  V: Effective date, if other than the date of filing:		····		
Use attachment if necessary)  V: Effective date, if other than the date of filing:				
Use attachment if necessary)  V: Effective date, if other than the date of filing:				<u></u>
Use attachment if necessary)  V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:		_		
V: Effective date, if other than the date of filing:			<del></del>	
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:				
VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certificate of Status (Optional)	(Use attachment if nec	essary)		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)	-	•		
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)				
Signature of a member or an authorized representative of a member.  (In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)				
(In accordance with section 605.0203 (1) (b), 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.)  Chad Rhoades  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)		ΓURE:		
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.)  Chad Rhoades  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$30.00 Certified Copy (Optional)  \$5.00 Certificate of Status (Optional)	REQUIRED SIGNAT	TURE:	Choadee	
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.)  Chad Rhoades  Typed or printed name of signee  Filing Fees:  5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  30.00 Certified Copy (Optional)  5 5.00 Certificate of Status (Optional)	REQUIRED SIGNAT	FURE:  Clad  Rignature of a member	Choadee or an authorized representative of a memb	per.
Chad Rhoades  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)	REQUIRED SIGNAT	FURE:  Signature of a member acce with section 605,020	cor an authorized representative of a memb	per.
Typed or printed name of signee  Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE SIGNA	FURE: Signature of a member ace with section 605.020 an affirmation under the phat any false information	or an authorized representative of a memb 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department	per. is document are true.
Typed or printed name of signee  Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE  (In accordanted constitutes a lam aware to secondary)	FURE: Signature of a member ace with section 605.020 an affirmation under the phat any false information	or an authorized representative of a memb 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department	per. is document are true.
Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE SIGNA	Signature of a member ace with section 605.020 an affirmation under the phat any false information third degree felony as p	or an authorized representative of a memb 3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department	per. is document are true.
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE SIGNA	Signature of a member on a firmation under the phat any false information third degree felony as p	or an authorized representative of a membro of (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the Department o	per. is document are true.
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE SIGNA	Signature of a member on a firmation under the phat any false information third degree felony as p	or an authorized representative of a membro of (1) (b), Florida Statutes, the execution of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the Department o	per. is document are true.
5 5.00 Certificate of Status (Optional)	REQUIRED SIGNATE SIGNA	Signature of a member nee with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department of provided for in s.817.155, F.S.)  seed or printed name of signee  Filing Fees:	per. is document are true.
	REQUIRED SIGNATE SIGNA	Signature of a member nee with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department of provided for in s.817.155, F.S.)  seed or printed name of signee  Filing Fees:	per. is document are true.
Page 2 of 2	REQUIRED SIGNATE (In accordant constitutes a lam aware to constitutes a state of the state of th	Signature of a member not with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department of provided for in s.817.155, F.S.)  seed or printed name of signee  Filing Fees:	per. is document are true.
Page 2 of 2	REQUIRED SIGNATE (In accordant constitutes a lam aware to constitutes a state of the state of th	Signature of a member not with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department of provided for in s.817.155, F.S.)  seed or printed name of signee  Filing Fees:	oer. is document are true. of State
* aga Total	REQUIRED SIGNATE (In accordant constitutes a lam aware to constitutes a state of the state of th	Signature of a member not with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a memb (3 (1) (b), Florida Statutes, the execution of this penalties of perjury that the facts stated herein in submitted in a document to the Department of provided for in s.817.155, F.S.)  seed or printed name of signee  Filing Fees:	per. is document are true. of State  ALLAHARSE
	REQUIRED SIGNATOR SIG	Signature of a member not with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a member of a member of the control of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the penalties o	oer. is document are true. of State  ALLAHARSEE
	REQUIRED SIGNATOR SIG	Signature of a member not with section 605.020 in affirmation under the phat any false information third degree felony as part of the control	or an authorized representative of a member of a member of the control of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the penalties of perjury that the facts stated hereing in submitted in a document to the Department of the penalties o	oer. is document are true. of State  ALLAHARSEE