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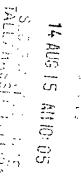
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COVER LETTER ...

	gistration Section ision of Corporations	•
SUBJECT:	Big Dada Name of Lin	ly Outdoors LLC inted Liability Company
The enclosed	f Articles of Organization and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this n	natter to the following:
_	Blake	A . Woodham Name of Person
		Name of Person
_	Big Daddy	Outdoors LLC Firm/Company
_	2818 N	J. East Ave.
_	Panama	City , F1. 32405 Tity/State and Zip Code
	E-mail address: (10 be use	doors @ gmail.com d for future annual report notification)
For further in	nformation concerning this matter, ple	ase call:
0		
<u></u>	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Fili	ng Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Big Daddy Outdoors (Must end with the words "Limited	LLC Liability Co	nipany, "L.L.C.," or "l	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of			
Principal Office Address:	Mailing /	Address:	
2818 N. East Ave Panama (ity, El. 32405	52	120 N. Eart A.	10 32405
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	& Registered A	d Agent's Signature:	
The name and the Florida street address of the registered	-		
Blake U Name	Joodham		
Name .	•		
5044 Palm Av Florida street address (P.O. Bo	٤		
Youngstown City	FL.	32444	
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 object.	ot the appoints of all statutes	ment as registered age relating to the proper	nt and agree to act in this and complete performance
		/	
Registered Agent's Signa	ature (REQUI	RED)	£ \$
(CONTINU	JED)		
Page I of	2		ATTO D

Titles	Name and Address
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	. Name and Address:
<u> </u>	Blake Woodham
	Youngstown, Fl. 32466
	104792 10WA , FT: 22766
V	
(Use attachment if necessary)	
•	of filing: 08/10/14 (OPTIONAL)
EV: Effective date, if other than the date elective date is listed, the date must be spe	of filing: <u>08/10/14</u> (OPTIONAL) ecific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date of ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
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