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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCT 29 2014 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AmmoBrass, 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:
C. Steven Lucroy
Name of Person
Firm/Company
24539 SE HWY 450
Address
Umatilla FL 22/89 22 1
City/State and Zip Code
KRLCSL@aol. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
C. Steven Lucroyat (352) 2672645 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Status Certificate of Status Certificate of Status
Mailing Address Street/Courier Address
Registration Section Registration Section Division of Corporations 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

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
24539 SE Hwy 450	24539 SE HWY 450)
Imatilla FL 32784	Amatilla EL 327	84
		U ,
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.	Registered Agent. You must designate an individual of	7 Pu oci 27

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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	Name and Address.
"MGR" = Manager	C Steven Luccoy
11101	24539 SE HWY USD
	Unatilla, FL 32784
MGR	Kan P I
	rater A. Lucroy
	24231 SE 4M4 420
	umatilla, FL' 3278
	
(Use attachment if necessary)	
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E V: Effective date, if other than the fective date is listed, the date must b of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	date of filing:
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