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To:

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Fax Number : (850) 617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.  
Account Number : 074143000064  
Phone : (954) 467-2200  
Fax Number : (954) 467-2210

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address: dalec@keenandev.com

**FLORIDA LIMITED LIABILITY CO.  
WRIST SHOT INVESTMENTS, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**WRIST SHOT INVESTMENTS, LLC**

The undersigned, as the authorized representative of the initial member(s) of **WRIST SHOT INVESTMENTS, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I**  
**COMPANY NAME**

The name of the Company is **WRIST SHOT INVESTMENTS, LLC**.

**ARTICLE II**  
**MANAGEMENT**

The Company will be a manager managed company. The initial manager is Dale Chynoweth.

**ARTICLE III**  
**MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

The mailing address, the street address and e-mail address of the principal office the Company is:

1900 W. Commercial Boulevard  
Suite 200  
Fort Lauderdale, Florida 33309  
dalec@keenandev.com

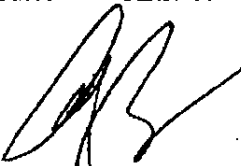
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ARTICLE IV  
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle  
Mombach, Boyle, Hardin & Simmons, P.A.  
500 East Broward Boulevard  
Suite 1950  
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 28 day of July, 2015.

  
\_\_\_\_\_  
CONRAD J. BOYLE

(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.)

STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 28 day of July, 2015, by CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida driver's license as identification.



*Cecilia Dunlavy*  
Notary Public - State of Florida  
My Commission Expires:  
Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 28 day of July, 2015.

*CR*  
CONRAD J. BOYLE

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