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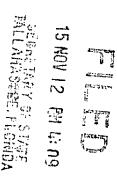
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Fear not Self Defense, 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:
Billy ROLAND JR.  Name of Person
Fear not Self Defense, LLC Firm/Company
6636 Gentle Daxs De S Address
Jackson Ville PL 32244  City/State and Zip Code  SLI 20@ Juno, Com  Emiladdes (to be used for fitting annual position)
SLIZO@Juno.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rolan at (904) 718-9054  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RI	M	L	E	ı	-	Na	me	:
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The name of the Limited Liability Company is:

FEAR NOT SELF DEFENSE 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:

Princi	nal Of	ffice A	<u>ddress:</u>

6636 Gentle Oaks Des

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:

Billy ROLAND JR.

6636 Gentle Oaks DRS Florida street address (P.O. Box NOT acceptable)

Jack Son Ville PL 32244

City State 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..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG (2)	BILLY ROLAND IN. 6636 Gentle Oaks DRS Jacksonville FL 32244
	<u></u>
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  If the date inserted in this block does not me	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  If the date inserted in this block does not me becoment's effective date on the Department of	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
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CLE V: Effective date, if other than the date of effective date is listed, the date must be speciate of filing.)  If the date inserted in this block does not me ocument's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mem This document is executed I am aware that any false is	f filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not state's records.

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)