116000010416

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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16 APR II AM 12: 27
SECRETARIANS SEE FLORIDS

COVER LETTER

TO:	Registration S Division of C					
OT VID	JECT: Loadmass	•				
SOR	IECT:	(Name	of Resulting Florida L	imite	ed Company)	
					nd fees are submitted to convert a coordance with s. 605.1045, F.S.	
Pleas	e return all corr	espondence concernin	g this matter to:			
Ronni	e Radford					
		(Contact Person)				
Loadn	nasters Ammo					
		(Firm/Company)				
756 R	adford Ln					
		(Address)				
Crestv	iew, FL, 32539					
	(1	City, State and Zip Code)				
radfor	d@embarqmail.co	m				
E-1	nail Address: (to b	e used for future annual re	port notifications)			
For fi	ırther informati	on concerning this ma	tter, please call:			
Ronni	e Radford		at (850)	892-	-3040	
	(Name of Conta	ct Person)		(Day	rtime Telephone Number)	
Enclo	sed is a check f	or the following amou	int:			
(\$25 fc	i0.00 Filing Fees or Conversion 5 for Articles anization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Found Certified Copy	es	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Regis Divis Clifto	EET ADDRES tration Section ion of Corporat in Building Executive Cent	ions	Registrat Division P. O. Bo	ion S of C x 632	Corporations	

Tallahassee, FL 32314

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2016

RONNIE RADFORD 756 RADFORD LANE CRESTVIEW, FL 32539

SUBJECT: LOADMASTERS AMMO LLC

Ref. Number: W16000024000

TE APR II PH I2: 52

We have received your document for LOADMASTERS AMMO LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fla. law does not allow a sole proprietorship to file a conversion. You can resubmit the Articles of Organziation for the LLC without the Conversion form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 816A00006641

Division of Comparations D.O. DOV 6297 Tallaharma Florida 2001

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Loadmasters Ammo LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	of the principal office of the Limited Liability Comp
Principal Office Address:	Mailing Address:
756 Radford Ln	756 Radford Ln.
Crestview, FL 32539	Crestview, FL 32539
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Ronnie Radford 756 Radford Ln	wn Registered Agent. You must designate an individual or another of the registered agent are:
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Ronnie Radford 756 Radford Ln	wn Registered Agent. You must designate an individual or another of the registered agent are:

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

75.41	, · · ·
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Ronnie Radford
	756 Radford Ln
	Crestview, FL 32539
AMBR	Harriett Radford
	756 Radford Ln
	Crestview, FL 32539
(Use attachment if necessary) ICLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	eet the applicable statutory filing requirements, this date will agt be listed
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of Sta	eet the applicable statutory filing requirements, this date will agt be listed
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ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in a may any any any any and any false info	eet the applicable statutory filing requirements, this date will not be listed ate's records.
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in a may	tet the applicable statutory filing requirements, this date will be listed atte's records. Deforman authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Deformation submitted in a document to the Department of State
ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.) If the date inserted in this block does not me ent's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mem This document is executed in 1 am aware that any false info constitutes a third degree felo	ber or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ber or an authorized representative of State only as provided for in s.817.155, F.S.