Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

thehandychad@gmail.com Email Address:

FLORIDA LIMITED LIABILITY CO.

Shoot Better LLC

Certificate of Status	0
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Page Count	03
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SHOOT BE	TTER LLC	
(Must contain	the words "Limited Liabili	ty Company, "L.I	C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street addr	ress of the principal office o	f the Limited Liab	oility Company is:
Principal	Office Address:		Mailing Address:
14330 TREE S	WALLOW WAY	1433	O TREE SWALLOW WAY
ARTICLE III - Registered Agent The Limited Liability Company ca	, Registered Office, & Reginnot serve as its own Regist	I.AK	EWOOD RANCH, FL 34202
ARTICLE III - Registered Agent The Limited Liability Company ca mother business entity with an acti	, Registered Office, & Registered Sits own Registive Florida registration.)	istered Agent's Sered Agent. You	EWOOD RANCH, FL 34202
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an acti The name and the Florida street ado	RANCH, FL 34202 , Registered Office, & Registration Registre Florida registration.) lress of the registered agent	istered Agent's Sered Agent. You	EWOOD RANCH, FL 34202
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an acti	RANCH, FL 34202 , Registered Office, & Registration Registre Florida registration.) lress of the registered agent	istered Agent's Sered Agent. You	EWOOD RANCH, FL 34202
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an acti	RANCH, FL 34202 , Registered Office, & Registered as its own Registive Florida registration.) dress of the registered agent CHAD	LAK istered Agent's Sered Agent. You are:	EWOOD RANCH, FL 34202 Signature: must designate an individual o
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an acti	RANCH, FL 34202 , Registered Office, & Registered as its own Registive Florida registration.) dress of the registered agent CHAD	istered Agent's Sered Agent. You are: SALVINO Name	EWOOD RANCH, FL 34202 Signature: must designate an individual o
ARTICLE III - Registered Agent The Limited Liability Company ca another business entity with an acti	RANCH, FL 34202 , Registered Office, & Registered screens as its own Registive Florida registration.) dress of the registered agent CHAD	istered Agent's Sered Agent. You are: SALVINO Name	EWOOD RANCH, FL 34202 Signature: must designate an individual of

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)

...31 []:04

"MGR" = Authorized Member "MGR" = Manager MGR GHAD SALVINO 14330 TREE SWALLOW WAY LAKEWOOD RANCH, FL 34202 MGR SHAUNA SALVINO 14330 TREE SWALLOW WAY LAKEWOOD RANCH, FL 34202 MGR SHAUNA SALVINO 14330 TREE SWALLOW WAY LAKEWOOD RANCH, FL 34202 (OPTIONAL) retrive date, if other than the date of filing: certive date is listed, the date must be specific and cannot be more than five business days prior to or date of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nent's effective date on the Department of State's records. E VI: Other provisions, if any. NND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in secordance with section 605.0203 (1) (b), Florida Statutes, 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. CHAD SALVINO Typed or printed name of signee Filting Fress. \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Title:		Name and Address:
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