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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(4		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}





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SECRETARY OF STATE TALLAHASSEE FLORIDA

J. SAULSBERRY EXAMINER MAR 2 9 2011

COVER LETTER

TO:

Registration Section

SUBJECT: TGC Outdoors, LLC Name of Limited Liability Company			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Busines Existence, and check are submitted to register the above referenced foreign limited liability company to			
Please return all correspondence concerning this matter to the following:	•		
Joshua Gregory		_	
Name of Person			
TCC Outdoors LLC			
TGC Outdoors, LLC Firm/Company		-	•
81 CR-201		_	
Address			
Abbeville, MS 38601		_	
City/State and Zip Code	TA.	22	
joshua@tgcoutdoors.com		2011 MAR 29	
E-mail address: (to be used for future annual report notification)	Ž	~ f AR	
For further information concerning this matter, please call:			
Joshua Gregoryat (662) 701-7332	F.S.	K	
Name of Person Area Code & Daytime Telephone Number	201	- : 36	in square.
MAILING ADDRESS: STREET ADDRESS:	3 >************************************	o)	
Division of Corporations Division of Corporations			
Registration Section Registration Section			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TGC Outdoors, LLC (Name of Foreign Limited Liability Company; must include		C.," or "LLC.")	
If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and nate name. The alternate name must inc	attach a copy of the v lude "Limited Liabili	written ly
M135(351Pf) 3	27-0503709		
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applic	able)	
1. 08 September 2009 5.	Perpetual		
(Date of Organization)	(Duration: Year limited liability cor exist or "perpetual")	· <u></u>	
5. N/A		2011 SER	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) to determine penalty liability)	MAR 29	
7. 81 CR-201	-		7
Abbeville, MS 38601		PR PR	
(Street Address o	f Principal Office)	1:36 DRID	اقبرو
3. If limited liability company is a manager-managed o	company, check here 🔲	36 DA	
9. The name and usual business addresses of the mana	ging members or managers are a	s follows:	
JOSHVA GREGORY MANA	GWG MEMBER /	OWNER	
81 CR-201	,		
JOSHVA GREGORY MANA 81 CR-ZOI ABBEVILLE, MS 38601			
 Attached is an original certificate of existence, no more than 90 da he jurisdiction under the law of which it is organized. (A photocopy 	ays old, duly authenticated by the official	having custody of reco	
ranslation of the certificate under oath of the translator must be submi	itted.)		
1. Nature of business or purposes to be conducted or	promoted in Florida:		
Retail Store for sporting goods and firearm	15//	 ,	,
Joshua J	Veg	<u>-</u>	
Signature of a member or an auth			
(In accordance with section 608.408(3), F.S., the execut			
penalties of perjury that the facts stated herein are true document to the Department of State constitutes:			
Joshua Gregory		, ,	

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	TGC OL	JTDOORS, LLC		
If unavailab	e, the alternate to be used in the	state of Florida is:		
				_
2. The nam	e and the Florida street address o	of the registered agent and office are:		,
	NRAI Services, Inc.		2011 MAR 29 SECRETARY TALLAHASSI	
		(Name)	MAR 2 RETA AHAS	
	515 East Park Avenue			
	Florida Street Addr	ress (P.O. Box - <u>NOT</u> ACCEPTABLE)	PH I	و ا
	Tallahassee	FL 32301	I: 36 TATE ORIOA	
		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 608, Florida Statutes.

NRAI Services, Inc.

(Signature)

Geraldine Mirando, Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

		<u>UTDOORS, L</u>		
If unavailable	e, the alternate to be used in the	e state of Florida	is:	
2. The name	and the Florida street address	of the registered a	agent and office are	:
	NRAI Services, Inc.			201 SE STALE
		(Name)		CAH.
	515 East Park Avenue			2011 MAR 29 SECRETARY ALLAHASSE
	Florida Street Add	iress (P.O. Box NO)	TACCEPTABLE)	
	Tallahassee	FL	32301	PM 1:36 DF STATE SFLORION
		City/State/Zip		

Geraldine Mirando, Assistant Secretary

NRAI Services, Inc.

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Mississippi

Office of the Secretary of State C. Delbert Hosemann, Jr., Secretary of State Jackson, Mississippi

CERTIFICATE

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

TGC OUTDOORS, LLC

Formed June 29, 2009

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

840 TRUSTMARK BLDG 248 E CAPITOL ST JACKSON MS 39201

and that the registered agent at that address is:

NATIONAL REGISTERED AGENTS INC

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office March 11, 2011

C. Delbert Hosemann, Jr. Secretary of State

Certification Number: 12373919-1 Page 1 of 1 Reference: Verify this certificate online at https://business.sos.state.ms.us/corp/soskb/verify.asp



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Limited Liability

<u>Partnerships</u>

 Limited Liability Companies

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Registered Agents

 Download Corporate Forms and Instructions

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Contact

Corporations Unit

Date: 3/11/2011

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Name History

Name

TGC Outdoors, LLC

Name Type

Legal

Limited Liability Company - Domestic - Information

Business ID:

Status:

951564 Good Standing

6/29/2009

Creation Date:

MS State of Incorporation:

Principal Office Address: **Listing Address:**

No Address

No Address

Registered Agent

Agent Name:

Office Address:

NATIONAL REGISTERED AGENTS INC 840 TRUSTMARK BLDG 248 E CAPITOL ST

JACKSON MS 39201

Mailing Address:

Officers & Directors

Business



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F0100 - Page 2 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Certificate of Formation

By: Signa	iture	2//	(Please	keep writing within blocks)	2011 MAR 29 PH SECRETARY OF	1000
Printe	ed Name	LegalZoom.com, Inc. (Organizer) By: Karla Figueroa, Asst. Secretary	Title	Organizer	PH 1:36	*Ken
Street and I	Mailing Addr	ess			'D' '	
Physical Address	7083 Ho	llywood Blvd., Suite 180				
P.O. Box]	
City, State,	ZIP5, ZIP4	Los Angeles	CA	90028		α
By: Signa	ture		(Please	keep writing within blocks)		19100 00000
Printe	d Name		Title			00.62.00
Street and N	Mailing Addro	ess				
Physical Address						
P.O. Box						
City State	71D5 71D4			_	1	