

mi60000008828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

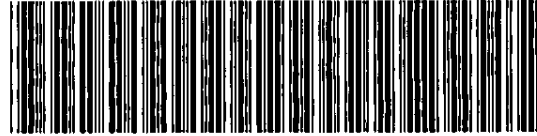
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTRATION
IN ALTERNATIVE
SUFFICIENCY OF FILING

D. SCOTT

NOV 21 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 375646 7827051
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : November 18, 2016

ORDER TIME : 4:15 PM

ORDER NO. : 375646-005

CUSTOMER NO: 7827051

FILED
16 NOV 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF ALTERNATE NAME

FICTITIOUS NAME: ULTIMATE SURVIVAL TECHNOLOGIES
OF DELAWARE, LLC

Please file the attached registration, of the fictitious name
shown above and return the document(s) indicated below:

____ Certified Copy
XX Plain Stamped Copy
____ Certificate of Status

CONTACT PERSON: Melissa Zender - Ext. 62956

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ultimate Survival Technologies, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: M16000008828

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Breault

(Name of Contact Person)

Smith & Wesson Holding Corporation

(Firm/Company)

2100 Roosevelt Avenue

(Address)

Springfield, MA 01104

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Breault at (413) 747-3349
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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16 NOV 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

Ultimate Survival Technologies, LLC

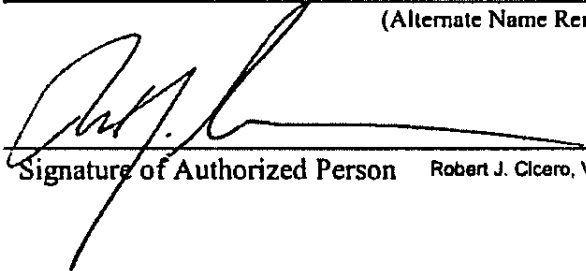
_____, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

Ultimate Survival Technologies of Delaware, LLC

(Alternate Name Renounced in State of Florida)

 _____
Signature of Authorized Person Robert J. Cicero, Vice President and Secretary Date

11/18/2016

Make check payable to Florida Department of State and mail to:

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

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TALLAHASSEE, FLORIDA