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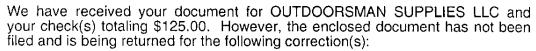
## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2016

CHRISTOPHER CARNS 2000 E. LAMAR BLVD, SUITE 500 ARLINGTON, TX 76006

SUBJECT: OUTDOORSMAN SUPPLIES LLC

Ref. Number: W16000065989



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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) 245-6051.

Letter Number: 516A00020575

Tanisha L Washington Regulatory Specialist II SEEL FLORIOR SECRE

SECRETARY OF STATE TALL AHASSEE, FLORIDA

# COVER LETTER

то;		ation Section n of Corporation	s					
SUBJE		JTDOORSMAN :	SUPPLIES L.L.C.					
			Name of L	Limited Liability C	ompany			
			eign Limited Liability Comp I to register the above refere					
Please	return all	correspondence c	oncerning this matter to the	following:				
		CHRISTOPHE	R CARNS					
			Na	ame of Person			ه. ایس	
		DISMUKE & V	VATERS, P.C.				14 SEP 22 PH 12: 03	
			Fi	rm/Company			SEP 22 PH 12: 0	
	2000 E. LAMAR BLVD., SUITE 500							
				Address			#12	
		ARLINGTON,	TX 76006				. 03	
			City/Si	tate and Zip Code		347		
			E-mail address: (to be used	I for future annual	report noti	fication)		
For fu	rther infor	mation concerning	g this matter, please call:					
	CHRIS	S CARNS		817	277-207	77		
		Name o	f Contact Person	at ( Area Code	Day	time Telephone Number		
	Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 rassec, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclos		neck for the follow 5.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHÓRIZATION TO TRANSACT BUSINESS. IN FLORIDA

IN COMPILIANCE DITH SECTION RISDOR. FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OUTDOORSMAN SUPPLIES LLC

(Name of Foreign Limited Liability Company; must uselide "Limited Liability Company," "L.I. C.," or "LLC.")

	" or "LLC.")	m the purpose of	transacting bus	iness in Florida. The alternate name	must include "Limited
ን			3 62-187618	88	
(Jurisdiction under the law enumbiny is organized)	of which foreign lumited	d liability	J	(FEI number, if applicable)	
<b>4</b> .			•		
	(Date first trans	sucted business in	Florida, if pric	or to registration.) nine penalty liability)	
5. 120 AIRPORT AVE				mic posuity transfers	•
VENICE, FL 34285					
	i Street	Address of Prin	cipal Office)		
6. 2000 E. LAMAR.BLV	D., SUITE 500				
ARLINGTON: TX 76	006				•
		(Mailing Add	ressi		
7. Name and street addres	ss of Florida registero	d agenti (P.O.)	Box <u>NOT</u> acc	eptable)	•
Namè:	Chris Tominelli				
Office Address:	46 Shereland Dr	: '	:		
• • • • • • • • • • • • • • • • • • • •	Osprey	<del> </del>	<del></del>	Florida 34229	
Paramona Shahumay pharpiferanaga an	#* <u>. 55.55.000.00.00</u>	(City)	<del></del>	(Zin code)	parameter grander
Registered agent's accep				; · · · · · · · · · · · · · · · · · · ·	
Having been named as re designated in this applica to comply with the provist accept the obligations of accept the obligations of 8. The name, title or caps	rgistered agent and to tion, I hereby accept ons of all dutings reli ony position as replice acity and address of the	the appointment of the pro- ing agent (Registered the person(s) who	ht as revistere per agu comp agent's signatu o has/have aut	:	capacity. Efurther agre
Having been furned as re designated in this applica to comply with the provist accept the obligations of a 8. The name, title or capa Chris Tominelli, Register	gistered agent and to aton, I hereby accept ons of all diatuses reli my position as register acity and address of the ed Agent, 46 Shorelan	the appointment of the property of the propert	h as revistere per) and comp agent's signatu o has/have aut FL 34229	d agent and agree to act in this lete performance of my duties. (	capacity. Efurther agre
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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Rolando B. Pablos Secretary of State

# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for OUTDOORSMAN SUPPLIES, L.L.C. (file number 801890902), a Domestic Limited Liability Company (LLC), was filed in this office on November 27, 2013.

It is further certified that the entity status in Texas is in existence.

16 SEP 22 PM 12: 03

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 17, 2017.





Rolando B. Pablos Secretary of State