Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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.

(((H99000024962 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

property of the control of the contr

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

: CORPORATE & CRIMINAL RESEARCH SERVICES Account Name

Account Number : 110450000714 : (850)222-1173 Phone

Fax Number

: (850)224-1640

FOREIGN LIMITED LIABILITY COMPANY

GOLDEN EAGLE/SATELLITE ARCHERY, L.L.C.

Certificate of Status Certified Copy Page Count Estimated Charge

H99000024962

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:

| Golden Eagle/Satellite | | | |
|---|--|--|---|
| (Name of foreign limited liability co company" or their abbreviations "L.I | mpany must end v C." or "L.C." if n | with the words "limited liability cot so contained in the name at pr | company" or "limited esent.) |
| Delaware | 3 | 31 1576736 | |
| (Jurisdiction under the law of which company is organized) | foreign limited li | | pplicable) |
| June 30, 1995 | 5, | December 31, 2025 | |
| (Date of Organization) | | (Duration: Year limited liability cease to exist or "perpetual") | company will |
| Upon qualification | | | |
| (Date first transacted b | usiness in Florida | (See sections 608.501, 608.502 | and 817.155, F.S.) |
| 1733 Gunn Highway | | <u></u> | |
| Odessa, Florida 33556 | | , | |
| List name, title, and business ad | ldress of each m | ss of principal office) | or manager [MGR] |
| List name, title, and business ad will manage the foreign limited NAME & ADDRESS: | dress of each m liability compa | anaging member [MGRM] c | or manager [MGR] onal page if necess TITLE: |
| will manage the foreign limited | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |
| will manage the foreign limited NAME & ADDRESS: The North American Arches | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |
| Will manage the foreign limited NAME & ADDRESS: The North American Arche: Group; LLC 1733 Gunn Highway | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necess |
| will manage the foreign limited NAME & ADDRESS: The North American Arche: Group, LLC 1733 Gunn Highway | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |
| Will manage the foreign limited NAME & ADDRESS: The North American Arche: Group; LLC 1733 Gunn Highway | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |
| will manage the foreign limited NAME & ADDRESS: The North American Arche: Group, LLC 1733 Gunn Highway | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |
| will manage the foreign limited NAME & ADDRESS: The North American Arche: Group, LLC 1733 Gunn Highway | dress of each m liability compa | anaging member [MGRM] c ny in Florida: (attach additio | onal page if necessa |

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translates must be submitted.)

| · · | H99000024962 |
|--|---|
| | |
| The second secon | |
| | · · |
| : | |
| | Golden Eagle/Sarellite |
| The undersigned member or authorized representative of a member | - Ot |
| Archery, L.L.C certifie | 95. |
| | , - - |
| · | |
| | |
| 1) the above named limited liability company has at least one me | mber; |
| | |
| 2) the total amount of cash contributed by the member(s) is | S; |
| 2) the lotal amount of each contributed by the member of the | |
| 3) if any, the agreed value of property other than cash contributed | by member(s) is \$; |
| (A description of the property is attached and made a part heret | :0.) |
| and | |
| 4) the total amount of cash and property contributed and anticipat | 6 C =================================== |
| by member(s) is | |
| (This total includes amounts from 2 and 3 above.) | |
| 1 | w |
| | 왕 (1) 등 왕 (1) |
| | emperature 2 |
| | <u> </u> |
| | |
| Signature of a member or authorized repre | sentative of a member. |
| /in accordance with section 608/408(3), FIGRICE SIRIU | ISS' tile execution of mis |
| affidavit constitutes an affirmation under the penaltia | e of betling mar me reserve |
| stated herein are true.) The North American Archary Group, LLC, b | Member |
| 1 | |
| By Charles L. Palmer, Member | rimae |

Filing Fee: \$250.00 for Application and Affidavit

C04

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

| 1. | The name of the Limited Liability Company is | | |
|----|--|--|------------|
| | GOLDEN EAGLE/SATELLITE ARCHERY, L.L.C. | | _ |
| 2. | The name and the Florida street address of the registered agent and office are: | 9 | |
| | C T Corporation System | energy grants | |
| | (Warne) | Property of the control of the contr | - |
| | c/o C T Corporation System, 1200 South Pine Island Road Florida street address (P.O. Box NOT ACCEPTABLE) | <u></u> မ | 1 % 1 % |
| | Plantation Plantation 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 ogent 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, F.S.

C T Corporation System

Francis P. Regen Assistant Sacrotary

\$ 100.00 25,00 30.00

Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

5.00

H99000024962

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GOLDEN EAGLE/SATELLITE ARCHERY, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF DETOSER, A.D. 1999.

AND I DO MERENY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE BEEN PAID TO DATE.

dward J. Freel, Secretary of State

AUTHENTICATION:

10-01-99

991414737

8300

2521195

DATE: