P(S) MIP E L TTTR OFTHAN MITTA)

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

500003346635--5 -08/04/00--01071--001 *****78.75 ******78.75

Re: TREARMS UNIMITED, Inc

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

*78,75

Very truly yours.

Please, of Copy of the state of the control of the

THE HELET

Tho Mana (Conformation)

PHONE

(305) 245-8200

Area Code Number Ext.

T BROWN AUG 1 5 2000

ARTICLES OF INCORPORATION
of
FIREARMS UNLIMITIED, INC. OOAUG, PH.
(name of corporation) TaleCRET PH
The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:
ARTICLE I - CORPORATE NAME
The name of the corporation is: FREARMS UNLIMITED, INC.
ARTICLE II - DURATION
This corporation shall exist perpetually unless dissolved according to Florida law.
ADTICLE III DIDDOSE
ARTICLE III - PURPOSE
The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.
The corporation is authorized to issueshares of common stock, par value \$ per share.
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is:
STREET ADDRESS 1720 NW 201
STATE OF THE PROPERTY OF THE P
CITY HOME STEAD FLORIDA FL ZIP 33036
Mailing address, if different
STREET ADDRESS FIRE DRINE UNLIMITED
P.O. BOX 4733
CITY DRINCETON FLORIDA EL, ZIP33092
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT
The street address of the initial registered office and the name of the initial registered agent at the office is:
NAME 1730 HUS 90 CHOICUES TO CLNKUE
ADDRESS Hame 1730 NW. Ech
CITY 1/2 MESTERD FLORIDA FL. ZIP 33030

ARTICLES OF INCORPORATION

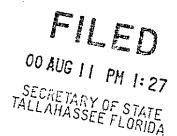
CITY

ADTICLEXIII	NUTLAY DOADD OF DYDUCTO	~
This corporation shall have	By-Laws, but shall never he less t	The number of directors more he
addresses of the initial director(s) of the corporation are	e as follows:	,
NAME OHADLOWS TO C	laklæ	
ADDRESS 1720 NW. Q 44	er	<u>. 보수 (폭) 및 인 보기를 </u>
CITY HOME STEAD	STATE FL.	ZIP 33030
NAME CHRISTING P. UN.	Kio	
ADDRESS 1730 NW. 9	st et	
CITY SOME STEAS.	STATE F.C.	ZIP 33030
NAME	=	
ADDRESS		
CITY	STATE	ZIP
ARTICLE	VIII - INCORPORATORS	
The names and addresses of the incorporators signing the		s follows:
NAME OHARLES TO CLAKE		
ADDRESS 1720 NW. 8CT	The state of the s	<u>was the state of the state</u>
CITY LOMESTERS	STATE FL	ZIP 3 3030
NAME	V-67	78000
ADDRESS		<u>. 4.5</u>
CITY	STATE	ZIP
NAME		·
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the	se Articles of Incorporation this	
lay of	19	
		· /
	Charles & Con	(Signature)

Christian P. Unkla

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



FIREDRMS	CLILIMITED, INC.
	(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation

at	17	30	NW	20	~	
1	Lon	YES	TEXO	アン	33030	
has r	amed	OHA	PLES	} ~~	UNKLE	_

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Charles 6/31/00 (Signature) (Date)