

L070000002216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

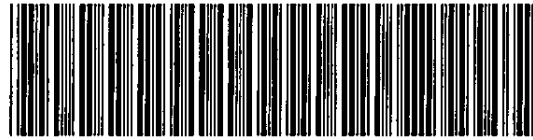
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grimm Arms Company, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barrett Silberg
(Name of Person)

Grimm Arms Company, LLC
(Firm/Company)

358 Wood Dove Ave.
(Address)

Tarpon Springs, FL 34689
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Barrett Silberg at (727) 934-5167
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is: Grimm Arms Company, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV should read: Barrett Silberg, 358 Wood Dove Ave.
Tarpon Springs, FL 34689

Article V should read: Barrett Silberg title: MGRM, 358 Wood
Dove Ave. Tarpon Springs, FL 34689
OR

- Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Registered Agent should read: Barrett Silberg

SECRETARY OF STATE
TALLAHASSEE
FLORIDA
02 JAN 31 PM 12:15

FILED

Dated: 1-29-2007

Barrett Silberg

Signature of a member or authorized representative of a member

Barrett Silberg

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L07000002216
FILED 8:00 AM
January 08, 2007
Sec. Of State
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Article I

The name of the Limited Liability Company is:

GRIMM ARMS COMPANY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

358 WOOD DOVE AVENUE
TARPON SPRINGS, FL. 34689

The mailing address of the Limited Liability Company is:

358 WOOD DOVE AVENUE
TARPON SPRINGS, FL. 34689

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

BARNETT SILBERG
358 WOOD DOVE AVENUE
TARPONS SRPINGS, FL. 34689

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.

Registered Agent Signature: BARNETT SILBERG

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TALLAHASSEE FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
BARNETT SILBERG
358 WOOD DOVE AVENUE
TARPON SPRINGS, FL. 34689

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January 08, 2007
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Article VI

The effective date for this Limited Liability Company shall be:

01/05/2007

Signature of member or an authorized representative of a member

Signature: WILLIAM K. LOVELACE