

L07000022064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

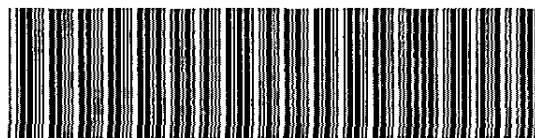
(Business Entity Name)

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W07-8654
J. BRYAN FEB 20 2007

J. BRYAN FEB 28 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2007

DENNIS M DIBRANGO
DISTINCTIVE GRIPS LTD. LC
2041 S.E. MARY TERRACE
PORT ST. LUCIE, FL 34952

SUBJECT: DISTINCTIVE GRIPS LTD. LC
Ref. Number: W07000008654

We have received your document for DISTINCTIVE GRIPS LTD. LC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LTD.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 207A00012391

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Thank you Mr Bryan

Please find attached correction & authorization of same.

Regards
Dennis M. DiBrango
DENNIS M. DIBRANGO

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distinctive Grips Ltd. LC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

DENNIS M. DiBRANCO

(Name of Person)

Distinctive Grips Ltd. LC

(Firm/Company)

2041 S.E. MARY TERRACE

(Address)

PORT ST. LUCIE FLA. 34952

(City/State and Zip Code)

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For further information concerning this matter, please call:

DENNIS M. DiBRANCO

(Name of Person)

at (772) 335-8346

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Distinctive GripsLLC~~LLC~~

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:2041 S.E. MARY TERRACEPort St. Lucie, FL349522041 S.E. MARY TERRACEPort St. Lucie, FL34952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DENNIS M. DiBRANZO

Name

2041 S.E. MARY TERRACEFlorida street address (P.O. Box NOT acceptable)Port St. Lucie, FLFL34952

City, State, and Zip

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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 as provided for in Chapter 608, F.S..

Dennis M. DiBranzo

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

DENNIS M. DiBRANGO

2041 S.E. MARY TERRACE

Port St. Lucie, FL. 39952

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Dennis M. DiBrango

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DENNIS M. DiBRANGO

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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