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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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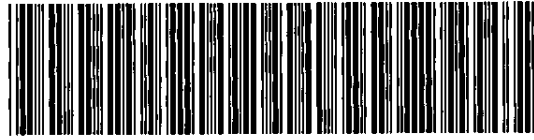
(Business Entity Name)

(Document Number)

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10 APR 21 PM 3:16

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 APR 21 PM 3:34

DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PistolGrip Creative Group, LLC
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:

Connie H. Shivers, C.P.

Name of Person

Penson, P.A.

Firm/Company

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City/State and Zip Code

chs@pendd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Shivers

Name of Person

at (850) 561-8000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION

FILED

PistolGrip Creative Group, LLC

10 APR 21 PM 3:34

A LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is:

PistolGrip Creative Group, LLC

2. **Purpose.** The purpose of this limited liability company is to provide full service integrated marketing specializing in advertising, public relations, marketing and graphic design, and may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

2810 Remington Green Circle
Tallahassee, Florida 32308

4. **Mailing Address.** The mailing address of the limited liability company is:

2810 Remington Green Circle
Tallahassee, Florida 32308

5. **Members at Time of Formation.** The name of each member at the time of formation:

Jeffrey D. Penson
2810 Remington Green Circle
Tallahassee, FL 32308

Michael Murphy
28052 Marguerite Parkway, Apt. M
Mission Viejo, CA 92692

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

Albert C. Penson
2810 Remington Green Circle
Tallahassee, Florida 32308

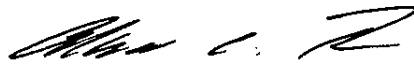
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisional of all 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.



Albert C. Penson

9. **Effective Date.** The effective date of the limited liability company shall be:

April 21, 2010



Albert C. Penson, as Agent for
Jeffrey D. Penson and Michael Murphy

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

FILED
10 APR 21 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA