

L11000078165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

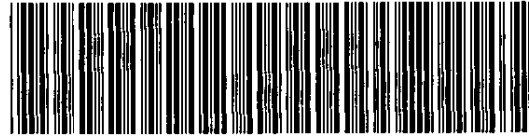
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100209361661

07/07/11--01004--013 \*\*5.00

Effective Date 07/04/11

100209361661  
06/28/11--01022--004 \*\*120.00

FILED  
11 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-34856

J. BRYAN

JUL -7 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DSP FORGED WHEELS 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:

DONNY S PUCCIARELLI GRANADOS  
Name of Person

DSP FORGED WHEELS  
Firm/Company

13651 SW 143 CT, UNIT 104  
Address

MIAMI FL 33186  
City/State and Zip Code

donnypucciarelli@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNY S PUCCIARELLI G. at ( 786 ) 4498989  
Name of Person 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

FILED  
11 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2011

DONNY S PUCCIARELLI GRANADOS  
DSP FORGED WHEELS  
13651 SW 143 CT, UNIT 104  
MIAMI, FL 33186

SUBJECT: DSP FORGED WHEELS LLC  
Ref. Number: W11000034856

FILED  
11 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for DSP FORGED WHEELS LLC and your check(s) totaling \$120.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$5.00.

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  
Regulatory Specialist II

Letter Number: 211A00015653

**MARTORELL'S OFFICE CORP**  
8618 FONTAINEBLEAU BLVD  
MIAMI, FL 33172-6876

FILED  
11 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Miami, June 29 2011

Florida Department of State

Registration Section

DEAR JOEY BRYAN:

Im sending you this letter with the remainig balance of  
5\$ that by mistake I sent to you short when I applied for  
This LLC.

'DSP FORGED WHEELS LLC' I really appreciate what you  
Can do for me regarding on this matter and in order to  
Active this "LLC".

Thank you very much, if you need further information –  
Please call me at (786)2714971, or email me at Daniela  
@martorellooffice.com

Donny S. Pucciarelli Granados

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**DSP FORGED WHEELS LLC**

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

13651 SW 143 CT, UNIT 104

MIAMI, FL 33186

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Effective Date 07/04/11

**DONNY S. PUCCIARELLI G**

Name

**6365 COLLINS AVD APT 4503**

Florida street address (P.O. Box **NOT** acceptable)

**MIAMI BEACH 33141**

FL

City, State, and 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 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..*



Registered Agent's Signature (REQUIRED)

(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:**

DONNY S. PUCCIARELLI

6365 COLLINS AVD APT 4503  
MIAMI BEACH FL 33141

NATALIA DE JESUS

6365 COLLINS AVD APT 4503  
MIAMI BEACH FL 33141

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/04/2011. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Donny Pucciarelli  
\_\_\_\_\_  
Typed or printed name of signer

**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)**

FILED  
11 JUL -6 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA