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PICK-UP WAIT MAIL			
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J. BRYAN

OCT. 29 2012

EXAMINER



ON SERVICE COMPANY						
ACCC	UNT NO.	:	120000000	195		
RE	FERENCE	:	395270	7644727		
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ORDER DATE : October	26, 2012					_
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NAME: GRIP	OREIGN F POD SYSTI	ILIN EMS			2012 OCT 26 AM 10: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	7
XXXX QUALIFICATION	(TYPE: LI	<u>다</u>)				
PLEASE RETURN THE FOLL	OWING AS	PRC	OF OF FILI	ING:		
CERTIFIED COPY XX PLAIN STAMPED XX CERTIFICATE OF	COPY	ANDI	NG			
CONTACT PERSON: Carin	a L. Dun	lap	EXT# 52	951		
		E	XAMINER: _			

COVER LETTER

TO:

Registration Section

Division of (Corporations			
SUBJECT: GRIP	POD SYSTEMS INTERN	IATIONAL, LLC		
502001.	Nam	e of Limited Liability Con	npany	•
	ation by Foreign Limited Liabi are submitted to register the ab-			
Please return all corre	spondence concerning this mat	ter to the following:		
Jeff	frey N. Fink, Esq.			
		Name of Person		
Lav	v Office of Jeffrey Fink			
		Firm/Company		TAS 29
462	Washington St.			TO BOT
		Address		ASS.
We	llesley, MA 02482			TALLAHASSEE, FLORIDA
		City/State and Zip Code	.,	2. S. 1.
fink	consulting@gmail.com			8 2
	E-mail address: (to	be used for future annual	report notification)	—— "
For further informatio	n concerning this matter, please	e call:		
Jeffrey N. I	ink	at (781	237-0338	
	Name of Person	Area Code & Daytime	Telephone Number	
MAILING A Division of C Registration P.O. Box 632 Tallahassee,	Corporations Section 27	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rele	
Enclosed is a chec \$125.00 Filin	k for the following amoun g Fee \$\overline{\omega}\$130.00 Filing Fee Certificate of Statu	&\$155.00 Filing Fee	e & []\$160.00 Filing Fec, of Status & Certific	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 60850B, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIBERTAL LARGE MY TO TRANSACT BY ISSUESS. IN THE STATE OF FLORIDA:

	THE DIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1. 🖰	GRIP POD SYSTEMS INTERNATIONAL, LLC (Name of Foreign Limited Liability Company; most include "Limited Liability Company," "LLC.," or "LLC.")	
CODS	same unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilitapany," "L.L.C," "LLC.")	vritten tỳ
2. D	DELAWARE 3. 45-4611691	
	urisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)	
4. D	DECEMBER 21, 2011 5. PERPETUAL	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	ACC A	
~~ ~	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1	BEAVER CREEK LANE	ζ]
A	ASHEVILLE, NC 28804	# ID: 02
_	(Street Address of Principal Office)	う
8. H	If limited liability company is a manager-managed company, check here	22
9. T	The name and usual business addresses of the managing members or managers are as follows:	
-	JOSEPH D. GADDINI, 1 BEAVER CREEK LANE, ASHEVILLE, NC 28804	
_		
theju	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconsisting under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a lation of the certificate under oath of the translator must be submitted.)	ndsin.
11. 1	Nature of business or purposes to be conducted or promoted in Florida; DISTRIBUTION OF	
D	DEFENSE AND TACTICAL PRODUCTS	
	MATHE	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., 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.)	
	JOSEPH D. GADDINI	
	Typed or printed name of signec	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability Co	ompany is:	
GRIP POD	SYSTEMS INTERNATION	NAL, LLC	
If unavailab	le, the alternate to be used in	the state of Florida is:	ゴ 。 曽
GPSI, LLC			12.00 12.00
2. The name	e and the Florida street addre	ess of the registered agent and offic	e are:
	Corporation Service Con	npany	F.S. 5
		(Name)	ORIGINAL ORIGINA ORIGINA ORIGINA ORIGIN
	1201 Hays Street		<i>y</i> -
		Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee	_{FL} 32301	
		City/State/Zip	
liability comp agent and ag relating to th	pany at the place designated i ree to act in this capacity. I f e proper and complete perfor	nd to accept service of process for th in this certificate, I hereby accept the further agree to comply with the prov mance of my duties, and I am familia tent as provided for in Chapter 608,	e appointment as registered visions of all statutes ar with and accept the
	By: (Single Configuration Service Configurat	Formale parture)	Carina L. Dunlap Asst. Vice President
	\$ 100.0	F	
	\$ 25.0	8 8	gent
	\$ 30.0	10 (1	n
	\$ 5.0	00 Certificate of Status (optional	l)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRIP POD SYSTEMS INTERNATIONAL,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF

OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRIP POD SYSTEMS INTERNATIONAL, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5084635 8300

121170096

DATE: 10-26-12

AUTHENTYCATION: 9946369

Jeffrey W Bullock, Secretary of State

You may verify this certificate online at corp.delaware.gov/authver.shtml