

LOG 000047025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

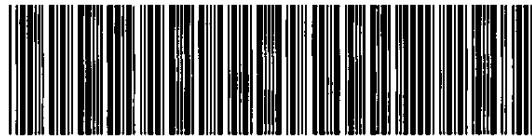
(Business Entity Name)

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T. CLINE

MAY 22 2009

EXAMINER

LOG-47025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All American Rides
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:

Greg Nelson
Name of Person

All American Rides
Firm/Company

44 24 Hope Hope Plantation Rd
Address

Johns Island SC 29455
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Greg R Nelson at (843) 3648900
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: All American Rides

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:

made mistake as name should
be All American Rides
All American Rider

OR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: 5/21/09

Greg Nelson
Signature of a member or authorized representative of a member

Greg Nelson
Typed or printed name of signee

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

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

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May 13, 2009
Sec. Of State
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Article I

The name of the Limited Liability Company is:

ALL AMERICAN RIDES LLC

Article II

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

1200 MAIN STREET
DAYTONA BEACH, FL. US 32118

The mailing address of the Limited Liability Company is:

1200 MAIN STREET
DAYTONA BEACH, FL. US 32118

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:

NELSON R GREG
1200 MAIN STREET
DAYTONA BEACH, FL. 32118

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: GREG NELSON

Article V

The name and address of managing members/managers are:

Title: MGR
GREG R NELSON
1200 MAIN STREET
DAYTONA BEACH, FL. 32118 US

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Article VI

The effective date for this Limited Liability Company shall be:

05/13/2009

Signature of member or an authorized representative of a member

Signature: GREG NELSON