L10000040308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L1-40308

(Document Number)

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10 MAY 14 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/14/10--01002--002 **25.00

N. Culligan MAY 14 2010

Florida/Main Office:
4481 Legendary Dr Ste 204
Destin, FL 32541
Tel: (850) 424-6442
Fax: (866) 346-7782

Havens & Miller, P.L.L.C.
ATTORNEYS AT LAW
Destin, FL • Nashville, TN • New Orleans, LA
www.trustestatelaw.net

Tennessee Office:
9005 Overlook Dr
Brentwood, TN 37027
Tel: (615) 543-6442
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Jason E. Havens
Attorney at Law*+‡
* Admitted in FL & TN
+ Board Certified in Wills, Trusts & Estates Law, The Florida Bar
‡ Master of Laws (LL.M.) in Estate Planning; Master of Laws (LL.M.) in International Taxation

April 29, 2010

CONFIDENTIAL
VIA REGULAR MAIL

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

Re: Articles of Correction

To Whom It May Concern:

Please file the enclosed Articles of Correction for Carolyn Olk LLC using funds from escrow Account No. I20100000022 held by Havens & Miller, P.L.L.C. Should you have questions, please contact our office.

Kind regards,

HAVENS & MILLER, P.L.L.C.

Jason E. Havens

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carolyn Olk LLC
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:

Jason E. Havens
Name of Person

Havens & Miller, P.L.L.C.
Firm/Company

4481 Legendary Drive, Suite 204
Address

Destin, FL 32541
City/State and Zip Code

jason@trustestatelaw.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason E. Havens at (850) 424-6442
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

CR2E062 (08/05)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2010

JASON E. HAVENS
HAVENS & MILLER, P.L.L.C.
4481 LEGENDARY DRIVE, SUITE 204
DESTIN, FL 32541

SUBJECT: CAROLYN OLK LLC
Ref. Number: L10000040308

We have received your document for CAROLYN OLK LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 010A00011044

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED
10 MAY 14 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Carolyn Olk LLC

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:
The name of the limited liability company erroneously omits the initial "A." The correct name of the limited liability company should be "Carolyn A. Olk LLC."

OR

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

Dated: April 29, 2010.

Signature of a member or authorized representative of a member

Jason E. Havens
Typed or printed name of signee

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

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L10000040308
FILED 8:00 AM
April 14, 2010
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

CAROLYN OLK LLC

Article II

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

650 BROOKHAVEN WAY
NICEVILLE, FL. 32578

The mailing address of the Limited Liability Company is:

650 BROOKHAVEN WAY
NICEVILLE, FL. 32578

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:

JASON E HAVENS
4481 LEGENDARY DRIVE
SUITE 204
DESTIN, FL. 32541

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: JASON E. HAVENS

Article V

L10000040308
FILED 8:00 AM
April 14, 2010
Sec. Of State
thampton

The name and address of managing members/managers are:

Title: MGRM
CAROLYN OLK
650 BROOKHAVEN WAY
NICEVILLE, FL. 32578

Signature of member or an authorized representative of a member

Signature: CAROLYN OLK