

L11000116605

(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



600213487966

10/24/11--01017--023 \*\*25.00

11 OCT 26 AM 10 47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE

OCT 25 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAURICIUS 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:

Antoine Gendre  
Name of Person

Wolkar LLC  
Firm/Company

805 n andrews ave  
Address

Fort Laud. fl 33311  
City/State and Zip Code

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

For further information concerning this matter, please call:

Antoine Gendre at ( 954 ) 849-8725  
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)

**FILED**  
**11 OCT 24 AM 10:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:  
Mauricius 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:

One of the members' name was misspelled at the time of the filing.

The members name should be Virginie, not Virginie.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: 10-13-11

\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANTOINE GENDRE

\_\_\_\_\_  
Typed or printed name of signee

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

11 OCT 26 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L11000116605  
FILED 8:00 AM  
October 12, 2011  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
MAURICIUS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1945 S OCEAN DRIVE  
2114  
HALLANDALE BEACH, FL. 33009

The mailing address of the Limited Liability Company is:  
1945 S OCEAN DRIVE  
2114  
HALLANDALE BEACH, FL. 33009

**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:  
ANTOINE GENDRE  
1945 S OCEAN DRIVE  
2114  
HALLANDALE BEACH, FL. 33009

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: ANTOINE GENDRE

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
OLIVIER GERARD  
1945 S OCEAN DRIVE APT 2114  
HALLANDALE BEACH, FL. 33009

Title: MGRM  
VIRIGINIE GERARD  
1945 S OCEAN DRIVE APT 2114  
HALLANDALE BEACH, FL. 33009

L11000116605  
FILED 8:00 AM  
October 12, 2011  
Sec. Of State  
ncausseaux

### **Article VI**

The effective date for this Limited Liability Company shall be:

10/07/2011

Signature of member or an authorized representative of a member

Electronic Signature: ANTOINE GENDRE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.