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J. BRYAN

JUN 25 2012

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Disaster Recover Pros, 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:
Jill Wise.
Disaster Recover Pros, LLC
109 N. Martin Luther King Jr Ave.
City/State and Zip Code
JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jill Wise at 727 470 - 3214  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301
Epclosed is a check for the following amount:
\$25 Filing Fee \$\bigcup \$30 Filing Fee & \bigcup \$55 Filing Fee & \bigcup \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	T: The name of the limited liability company is:  DISOSKY RECOVER POIS, U.C.	
<u>SECO</u>	OND: The articles of organization or the application to transact business	
<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  DISASTEY RECOVEY POS, LLC IS The	
Jose	Incorrect spelling of company name, Correct company name, plase change to real Disaster Recovery Pros LLC	d:
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	ecovery
Dated:	Signature of a member or authorized representative of a member    Jij Wisk   Typed or printed name of signee	
	Filing Fee: \$25.00	

\$30.00 (optional)

Certified Copy:

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

L12000080934 FILED 8:00 AM June 19, 2012 Sec. Of State ncausseaux

#### **Article I**

The name of the Limited Liability Company is: DISASTER RECOVER PROS, LLC

#### **Article II**

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

109 N. MARTIN LUTHER KING JR. AVE CLEARWATER, FL. US 33755

The mailing address of the Limited Liability Company is:

109 N. MARTIN LUTHER KING JR. AVE CLEARWATER, FL. US 33755

#### **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:

JILL WISE 21955 US HIGHWAY 19 N CLEARWATER, FL. 33765

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: JILL WISE

#### Article V

The name and address of managing members/managers are:

Title: MGR JILL WISE 109 N. MARTIN LUTHER KING JR AVE CLEARWATER, FL. 33755 US

Title: MGR SEAN WISE 109 N. MARTIN LUTHER KING JR AVE CLEARWATER, FL. 33755 US

Title: MGR PIERRE COURNOYER 109 N. MARTIN LUTHER KING JR AVE CLEARWATER, FL. 33755 US

#### **Article VI**

The effective date for this Limited Liability Company shall be:

06/18/2012

Signature of member or an authorized representative of a member

Electronic Signature: JILL WISE

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.

L12000080934 FILED 8:00 AM June 19, 2012 Sec. Of State ncausseaux