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TALLAHASSEE, FLORIDA

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L12-142796

T. CLINE

NOV 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAIUS A 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:

METIN IKIZ

Name of Person

TAIUS A LLC

Firm/Company

PO BOX 781768

Address

ORLANDO, FL 32878

City/State and Zip Code

METINIKIZ2000@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

METIN IKIZ

Name of Person

at (407) 996-0880

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
NOV 19 PM 1:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

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 company name was recorded as T A I U S A LLC and the Manager name was recorded as Metin, Ikiz
The correct name is TAI USA LLC (Two spaces between the three letter groupings)
The manager name is Ikiz, Metin

OR

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

Dated: November, 14, 2012

Signature of a member or authorized representative of a member

Metin Ikiz

Typed or printed name of signee

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

FILED
NOV 19 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L12000142796
FILED 8:00 AM
November 13, 2012
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

T A I U S A LLC

Article II

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

820 LAKE KATHRYN CR
CASSELBERRY, FL. US 32707

The mailing address of the Limited Liability Company is:

PO BOX 781768
ORLANDO, FL. US 32878

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:

DAVID CROWDER
820 LAKE KATHRYN CR
CASSELBERRY, FL. 32707

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: DAVID CROWDER

Article V

The name and address of managing members/managers are:

Title: MGR
IKIZ METIN
820 LAKE KATHRYN CR
CASSELBERRY, FL. 32707 US

Title: MGRM
AVNI IKIZ
820 LAKE KATHRYN CR
CASSELBERRY, FL. 32707

L12000142796
FILED 8:00 AM
November 13, 2012
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

11/12/2012

Signature of member or an authorized representative of a member

Electronic Signature: METIN IKIZ

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.