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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

		tion Section of Corporation	ns .		
SUBJEC	CT:	Apopka	Longarm	LLC	
			(Name	of Limited Liability Co	mpany)
Dear Sir	or Mada	m:			
The encl	osed Art	icles of Correct	ion and fee(s)	are submitted for filing.	
Please re	turn all o	correspondence	concerning thi	s matter to the followin	g:
Bar	bara	O'Meilia			
		O'Meilia (Name	of Person)		-
Apo	pka I	Congarm Q	uilting	LLC	
			Company)	·····	-
380	Śomo	oran Comm	orae Dle		
	Jenic		dress)	ce	-
Apo	pka,			703	
		(City/State	and Zip Code)		-
For furth	er inforn	nation concerni	ng this matter,	please cail:	
				·	
Bar	bara	O'Meilia (Name of Person		at (<u>407</u>) 760-7420 2 Daytime Telephone Number)
		(Name of Ferson	1)	(Alea Code a	E Daytime Telephone Number)
STREET Registrati		IER ADDRES	S:		MAILING ADDRESS: Registration Section
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314		
Tallahass	ee, Flori	da 32301			
Enclosed	l is a che	ck for the follo	wing amount:		
□ \$2 5 Fi	ling Fee	🗅 \$30 Fil Certifi	ing Fee & cate of Status	\$55 Filing Fee & Certified Copy	☐ \$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	The name of the limited liability company is: Apopka Longarm LLC	
<u>SECO</u>	ND: The articles of organization or the application to transact business	
(CI	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: Apopka Longarm LLC	
	Omitted part of the name	
	Apopka Longarm Quilting LLC	
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
Dated:	Signature of a member or authorized representative of a member with Barbara J. O'Meilia	SECRETARY OF STATE DIVISION OF CORPORATION
,	Typed or printed name of signee	S. O.
	Filing Fee: \$25.00	

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L07000021201 FILED 8:00 AM February 26, 2007 Sec. Of State gharvey

Article I

The name of the Limited Liability Company is: APOPKA LONGARM, LLC

Article II

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

380 SEMORAN COMMERCE PLACE SUITE A101 APOPKA, FL. 32703

The mailing address of the Limited Liability Company is:

380 SEMORAN COMMERCE PLACE SUITE A101 APOPKA, FL. 32703

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:

BARBARA J O'MEILIA 1805 HIDDEN PINE LANE APOPKA, FL. 32712

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: BARBARA J. O'MEILIA

Article V

The name and address of managing members/managers are:

Title: MGR BARBARA J O'MEILIA 380 SEMORAN COMMERCE PLACE, SUITE A101 APOPKA, FL. 32703

Title: MGR BARBARA MCCAULEY 380 SEMORAN COMMERCE PLACE, SUITE A101 APOPKA, FL. 32703

Article VI

The effective date for this Limited Liability Company shall be: 03/01/2007

Signature of member or an authorized representative of a member Signature: BARBARA J. O'MEILIA

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