

L12000144552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

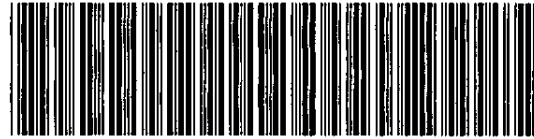
(Business Entity Name)

(Document Number)

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2012 NOV 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 26 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & J TAX PREP SERVICE 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:

Michael Angelo

Name of Person

Online Filings Co.

Firm/Company

619 Cattlemen Rd. - S155

Address

Sarasota, FL. 34232

City/State and Zip Code

support@onlinefilings.biz

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Angelo

Name of Person

at (850)

270-6379

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)

**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:
 A & J TAX PREP SERVICE 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:
ADD OFFICER : MGR

SHARON SOSA

P.O. BOX 653

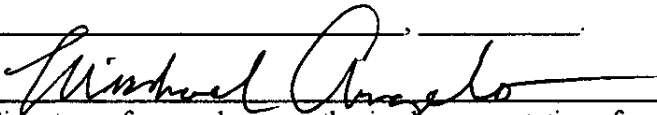
PLYMOUTH FL 32768

OR



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

MICHAEL ANGELO

Typed or printed name of signee

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

FILED
JUN 21 2019
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

L12000144552
FILED 8:00 AM
November 15, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
A & J TAX PREP SERVICE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3610 SAN JACINTO CIRCLE
SANFORD, FL. 32771

The mailing address of the Limited Liability Company is:
P.O. BOX 653
PLYMOUTH, FL. 32768

Article III

The purpose for which this Limited Liability Company is organized is:
MOBILE TAX PREPARATION COMPANY

Article IV

The name and Florida street address of the registered agent is:
BETTINA THOMPSON
3610 SAN JACINTO CIRCLE
SANFORD, FL. 32771

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: BETTINA THOMPSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
BETTINA THOMPSON
P.O. BOX 653
PLYMOUTH, FL. 32768

L12000144552
FILED 8:00 AM
November 15, 2012
Sec. Of State
jbryan

Article VI

The effective date for this Limited Liability Company shall be:

11/13/2012

Signature of member or an authorized representative of a member

Electronic Signature: BETTINA THOMPSON

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.

FILED
2012 NOV 21 PM 1:19
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TALLAHASSEE, FLORIDA