# L04000004688

| FROM: (PLEASE PRINT)  PHONE (386,775-2517  Claire Robinson  215 & Holly Or  Orange City, FL 32763  (City/State/Zip/Phone#) |  |  |  |  |  |  |
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# 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 con | mpany is:              |                        |                  |   |
|----------|--|-----------------------|------------------------|------------------------|------------------|---|
| BARR     | Y R STOCKWELL LL   | С                     |                        | . <u>≒.</u> . <u> </u> |                  |   |
| SECON    | <u>D</u> : The articles of or  | ganization or the a   | pplication to transact | business               | •                |   |
| (CHE     | CK THE APPROPRIAT  | TE BOX AND COM        | IPLETE THE APPL        | ICABLE STAT            | <u>EMENT</u>     |   |
| ir       | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  The name and address of managing members/managers are: |                       |                        |                        |                  |   |
| 1        | David R Stockwell an   | d the signature o     | f member or an aut     | horized repre          | sentative        | )   |
|          | of a member - David  | R. Stockwell. It v    | vas typed incorrect    | ly. The name           | should           |   |
| ŀ        | e Barry R Stockwell  | in both places.       |                        |                        |                  |   |
| O        | PR   |                       |                        |                        |                  |   |
|          | /as defectively signed.<br>le appropriate correctio  |                       | ich the document wa    | s defectively si       | gned and         | _   |
|          |  |                       |                        | <u></u>                | <del>- D</del> E | - p -   |
| _        |  |                       |                        |                        | AHASSE           | JAN 23  |
| Dated: _ | JANUARY 22   |                       |                        | -                      | OF STA           | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |
|          |  | JPS                   | -1                     |                        | 중류               | 9:43  |
|          | Signature of a member or authorized representative of a member   |                       |                        |                        |                  |   |
|          | BARRY R. STOCKWELL   |                       |                        |                        |                  |   |
|          |  | Typed or printed n    | ame of signee          | <del></del>            |                  |   |

\$25.00

\$30.00 (optional)

Filing Fee:

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## Electronic Articles of Organization For Florida Limited Liability Company

L04000004688 FILED 8:00 AM January 20, 2004 Sec. Of State

#### Article I

The name of the Limited Liability Company is:
BARRY R STOCKWELL LLC

#### Article II

The street address of the principal office of the Limited Liability Company is: 432 FOREST PARK LANE CASSELBERRY, FL. US 32707

The mailing address of the Limited Liability Company is:

432 FOREST PARK LANE

432 FOREST PARK LANE CASSELBERRY, FL. US 32707

#### **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:

BARRY R STOCKWELL 432 FOREST PARK LANE 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: BARRY R STOCKWELL

### Article V

The name and address of managing members/managers are:

Title: MGR DAVID R STOCKWELL 432 FOREST PARK LANE CASSELBERRY, FL. 32707

Signature of member or an authorized representative of a member Signature: DAVID R STOCKWELL

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