

L04000082305
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2004 DEC -6 P 1:25

SECRETARY OF STATE

TALLAHASSEE, FLORIDA
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

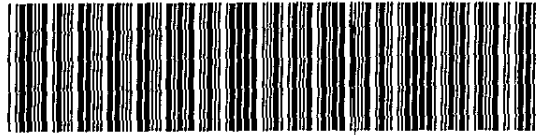
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

2004 DEC -6 P 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Strizers, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Orville Mullings
(Name of Person)

(Firm/Company)

924 Amaros Avenue
(Address)

Orlando FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

Orville Mullings at (407) 489-7525
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**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.

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2004 DEC -6 P 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:

Strizers, 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:

The name of the limited liability company is
incorrect. The corrected name should be
Strivers, LLC

OR

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

Dated: 12/3/2004

Orville Mullings
Signature of a member or authorized representative of a member

Orville Mullings
Typed or printed name of signee

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

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

L04000082305
FILED 8:00 AM
November 15, 2004
Sec. Of State
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Article I

The name of the Limited Liability Company is:

STRIZERS, LLC

Article II

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

924 AMAROS AVENUE
ORLANDO, FL. US 32811

The mailing address of the Limited Liability Company is:

924 AMAROS AVENUE
ORLANDO, FL. US 32811

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:

ORVILLE MULLINGS
924 AMAROS AVENUE
ORLANDO, FL. 32811

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: ORVILLE MULLINGS

Article V

The name and address of managing members/managers are:

Title: PRES
ORVILLE MULLINGS
924 AMAROS AVENUE
ORLANDO, FL. 32811 US

Signature of member or an authorized representative of a member

Signature: ORVILLE MULLINGS

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