

L05000091047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

DOC

Office Use Only

Updater

DOC

Updater
Verifier

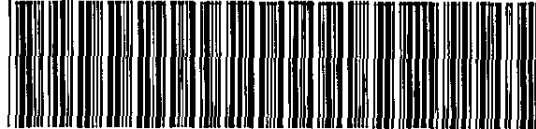
DOC

Acknowledgment

DOC

W. P. Verifier

DOC



700059769267

08/21/05--01021--010 **LAL00

FILED

2005 SEP 21 A 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Able Restoration and Mediation, 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:

Edward Schrank
(Name of Person)

Edward Schrank & Associates
(Firm/Company)

PO Box 396
(Address)

Winter Park, FL 32790-0396
(City/State and Zip Code)

For further information concerning this matter, please call:

Edward Schrank at (407) 574-4689
(Name of Person) (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

FILED
2005 SEP 21 A 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
Able Restoration and Mediation, 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:
1) The name on the articles for the LLC was incorrect. The correct name of the LLC should have been:

Able Restoration and Mitigation Services, LLC

- 2) The street and mailing address of the principal office of the LLC was wrong. The correct street and mailing address is

240 San Marcos Ave, Suite 1, Sanford, FL 32771

OR

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

Dated: September 19th, 2005


Signature of a member or authorized representative of a member

Edward Schrank

Typed or printed name of signee

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

FILED
2005 SEP 21 A 9:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

**L05000091047
FILED 8:00 AM
September 15, 2005
Sec. Of State
Irrivers**

Article I

The name of the Limited Liability Company is:
ABLE RESTORATION AND MEDIATION, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1408 S. OAK AVE.
SANFORD, FL. 32771

The mailing address of the Limited Liability Company is:
1408 S. OAK AVE.
SANFORD, FL. 32771

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:
EDWARD SCHRANK
851 MILES AVE., SUITE 9
WINTER PARK, FL. 32789

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: EDWARD SCHRANK

Article V

The name and address of managing members/managers are:

Title: MGRM
JAMIE SAVAGE
1408 S. OAK AVE.
SANFORD, FL. 32771

L05000091047
FILED 8:00 AM
September 15, 2005
Sec. Of State
Iivers

Article VI

The effective date for this Limited Liability Company shall be:

09/16/2005

Signature of member or an authorized representative of a member

Signature: EDWARD SCHRANK