

LOS 000096316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

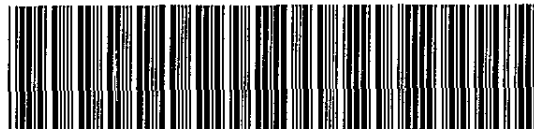
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TALLAHASSEE, FLORIDA

LOS-96316  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALPAC 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:

WILLIAM M WELD  
(Name of Person)

HOME PLACE LLC  
(Firm/Company)

4808 Eaglesham Dr.  
(Address)

Orlando 32826  
(City State and Zip Code)

For further information concerning this matter, please call:

William Weld at (407) 207-6901  
(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

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TALLAHASSEE, FLORIDA

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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 **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: ALPUG 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 member is  
incorrect, I submitted the wrong information,  
The correct Manager/Member should be  
FLORIDA HOMEPLACE LLC

**OR**

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

Dated: 10/26/05

William M Weld  
Signature of a member or authorized representative of a member

William M Weld

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

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FILED 8:00 AM  
September 30, 2005  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

ALPUG LLC

**Article II**

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

4808 EAGLESHAM DR.  
ORLANDO, FL. 32826

The mailing address of the Limited Liability Company is:

4808 EAGLESHAM DR.  
ORLANDO, FL. 32826

**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:

WILLIAM M WELD  
4808 EAGLESHAM DR.  
ORLANDO, FL. 32826

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: WILLIAM M WELD

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
WILLIAM M WELD  
4808 EAGLESHAM DR.  
ORLANDO, FL. 32826

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September 30, 2005  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/29/2005

Signature of member or an authorized representative of a member

Signature: WILLIAM M WELD