

W5000121988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W5-121988

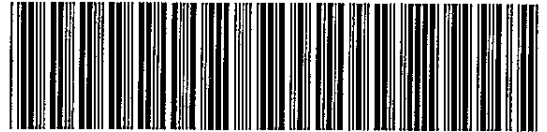
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/30 correction

Office Use Only



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12/30/05--01022--003 **25.00

FILED
05 DEC 30 AM 10:48
SECOND DISTRICT CLERK
TALLAHASSEE FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seybold, Malcolm & Morris, 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:

M.E. Cookson, Executive Assistant

(Name of Person)

Seybold, Malcolm & Morris, LLC

(Firm/Company)

2263 W. New Haven Avenue Suite 454

(Address)

W. Melbourne, Florida 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Gail M. Seybold Sault, President

(Name of Person)

at (321) 704-0485

(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

**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:
Seybold, Malcolm and Morris, 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. Clerical error- principal mailing address zip code states "32907" correct zip code is 32904

2. Clerical error-mailing address zip code states "32907" correct zip code is 32904

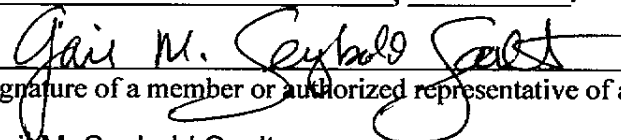
3. Clerical error-manager address states "NE" Remove NE

4. ADD Federal EIN number. 04-3836698 received after initial file date

OR

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

Dated: December 27, 2005


Signature of a member or authorized representative of a member

Gail M. Seybold Sault

Typed or printed name of signee

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

05 DEC 30 AM 10:49
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

**L05000121988
FILED 8:00 AM
December 23, 2005
Sec. Of State
Iivers**

Article I

The name of the Limited Liability Company is:

SEYBOLD, MALCOLM & MORRIS, LLC

Article II

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

2263 W. NEW HAVEN AVENUE
SUITE 454
WEST MELBOURNE, FL. 32907

The mailing address of the Limited Liability Company is:

2263 W. NEW HAVEN AVENUE
SUITE 454
WEST MELBOURNE, FL. 32907

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:

GAIL M SEYBOLD SAULT
1382 ARITON AVENUE NE
PALM BAY, FL. 32907

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: GAIL M. SEYBOLD SAULT

Article V

The name and address of managing members/managers are:

Title: MGR
GAIL M SEYBOLD SAULT
2263 W. NEW HAVEN AVENUE NE # 454
WEST MELBOURNE, FL. 32904

L05000121988
FILED 8:00 AM
December 23, 2005
Sec. Of State
Irrivers

Article VI

The effective date for this Limited Liability Company shall be:

12/22/2005

Signature of member or an authorized representative of a member

Signature: GAIL M. SEYBOLD SAULT