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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

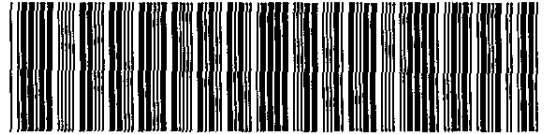
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2006 FEB -6 AM 11:40

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 FEB -6 AM 11:35

J. BRYAN FEB -6 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NYMEYER OFFICE SUITES, 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:

TRACY V. NYMEYER  
(Name of Person)

NYMEYER OFFICE SUITES, LLC  
(Firm/Company)

4081 KIMBERLY CIRCLE  
(Address)

TALLAHASSEE FL 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRACY V. NYMEYER at (850) 656 3687  
(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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2006 FEB -6 AM 11:40  
DIVISION OF CORPORATIONS  
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: NYMEYER OFFICE SUITES, 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:  
THERE WAS NO EFFECTIVE DATE INCLUDED IN THE ARTICLES.  
I HAD ASKED THE ATTORNEY TO MAKE THE EFFECTIVE DATE JAN 3RD  
HE DID NOT DO THAT.  
THE EFFECTIVE DATE OF THE LLC SHOULD BE JAN 3RD 2006

**OR**

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

Dated: FEBRUARY 6th, 2006

Tracy V. Nymeyer  
Signature of a member or authorized representative of a member

TRACY V. NYMEYER  
Typed or printed name of signee

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06 FEB - 6 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

# ARTICLES OF ORGANIZATION

OF

## NYMEYER OFFICE SUITES, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purposes of forming a Limited Liability Company under the laws of the State of Florida do hereby set forth the following:

1. Name. The name of the Limited Liability Company is NYMEYER OFFICE SUITES, LLC (the LLC).

2. Purpose. The purpose for which the LLC is organized to engage in any and all lawful business activities under the laws of the State of Florida and of the United States of America.

3. Address of Place of Business. The street address of the principal place of business in Florida for the LLC is: 1909 Capital Circle, NE, Tallahassee, Florida 32308 and the mailing address shall be 1909 Capital Circle, NE, Tallahassee, Florida 32308.

4. Registered Agent. The name and address of the initial registered agent in Florida for the LLC is:

Tracy Nymeyer  
4081 Kimberly Circle  
Tallahassee, Florida 32309

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 as provided for in Chapter 608, F.S.

Tracy Nymeyer  
Tracy Nymeyer, Registered Agent

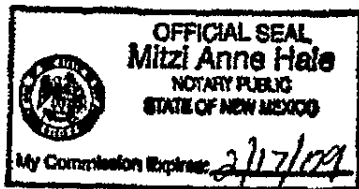
Executed at Santa Fe, NM, on this 21<sup>st</sup> day of December, 2005.

Tracy Nymeyer  
Tracy Nymeyer, Member

STATE OF NEW MEXICO

COUNTY OF SANTA FE

The foregoing instrument was acknowledged before me this 21 day of December, 2005, by TRACY NYMEYER, Member, who is personally known to me or who produced Florida Drivers License as identification and who did not take an oath.



Mitzi Anne Hale  
Signature of Notary Public

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA