

L06000001582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

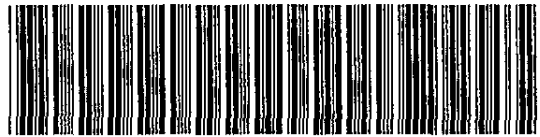
(Business Entity Name)

(Document Number)

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01/19/06--01043--014 **25.00

05 JAN 19 PM 3:50
STATE
TALLAHASSEE FLORIDA

FILED

1/25/06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Attila Trucking 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:

Omar X. Figuereo

(Name of Person)

Attila Trucking LLC

(Firm/Company)

P.O. Box 015367

(Address)

Miami, FL 33101

(City/State and Zip Code)

For further information concerning this matter, please call:

Omar X. Figuereo

(Name of Person)

at (305) 753-7010

(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

CR2E062 (08/05)

FILED
05 JAN 19 PM 3:50
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:
Attila Trucking LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

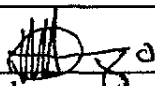
- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

OR

- ☒ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
The Manager/Member Detail section was not filled out. It should have in the Name & Address block as follows: Omar X. Figuereo

1770 N. Bayshore Dr. #25 Miami, FL 33132. In the Title block would be CEO.

Dated: January 13, 2006



Signature of a member or authorized representative of a member

Omar X. Figuereo

Typed or printed name of signee

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

FILED
05 JAN 19 PM 3:50
STATE
TALLAHASSEE
FLORIDA

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

L06000001582
FILED 8:00 AM
January 05, 2006
Sec. Of State
Irrivers

Article I

The name of the Limited Liability Company is:
ATTILA TRUCKING LLC

Article II

The street address of the principal office of the Limited Liability Company is:
P.O. BOX 015367
MIAMI, FL. 33101

The mailing address of the Limited Liability Company is:
P.O. BOX 015367
MIAMI, FL. 33101

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:
OMAR X FIGUEROO
1770 N. BAYSHORE DR
#25
MIAMI, FL. 33132

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: OMAR X. FIGUEROO

Article V

The effective date for this Limited Liability Company shall be:
01/12/2006

Signature of member or an authorized representative of a member
Signature: OMAR X. FIGUEROO

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05 JAN 19 PM 3:50
SEC. OF STATE
TALLAHASSEE, FLORIDA