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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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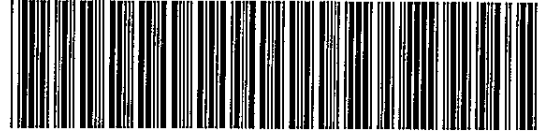
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

106-5848
gr

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUCK ACCESSORIES OUTLET, 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:

JOSE G TORRES

(Name of Person)

JOSE G TORRES CPA

(Firm/Company)

5040 NW 7th ST, STE 510

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE G TORRES

(Name of Person)

at (786) 256-4660

(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)

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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:
TRUCK ACCESSORIES OUTLET, 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:
CHANGE THE MGR: EDUARDO ARELLANO FOR MGR: CARME DIAZ

OR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated: JANUARY 27, 2006

Alba Contreras
Signature of a member or authorized representative of a member
ALBA CONTRERAS

Typed or printed name of signee

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I

The name of the Limited Liability Company is: **TRUCK ACCESSORIES OUTLET, LLC**

Article II

The street address of the principal office of the Limited Liability Company is:
2040 NW 22 Ave. Miami, FL 33142

The mailing address of the Limited Liability Company is:
2040 NW 22 Ave. Miami, FL 33142

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:

Jose G Torres CPA
8502 NW 198th Terrace
Miami, FL 33015

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: _____

Jose G Torres CPA

Prepared by: Jose G Torres CPA
5040 NW 7th St. Ste 510
Miami, FL 33126
Phone (786) 256-4660

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Article V

The name and address of managing members/managers are:

Title: MGRM
Alba Contreras
2040 NW 22 Ave,
Miami, FL 33142

Title: MGR
Eduardo Arellano
2040 NW 22 Ave
Miami, FL 33142

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TALLAHASSEE, FLORIDA

Signature of member or an authorized representative of a member

Signature:


Jose G Torres CPA

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Prepared by: Jose G Torres CPA
5040 NW 7th St. Ste 510
Miami, FL 33126
Phone (786) 256-4660