

LO60000017661

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Traditions Antiques, 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:

Michael Andre

(Name of Person)

(Firm/Company)

11 Pine tree Circle

(Address)

Tequesta, FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Andre

(Name of Person)

at ( 561 ) 602-3427

(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: Traditions Antiques, 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:

name should read Tradition Antiques, LLC  
(NO S at the end Tradition)

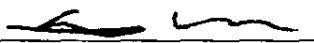
**OR**



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

Dated: \_\_\_\_\_

2/23 2006

  
Signature of a member or authorized representative of a member

Michael Anderson

Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 FEB 27 PM 12:10

FILED

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

L06000017661  
FILED 8:00 AM  
February 17, 2006  
Sec. Of State  
jsadler

**Article I**

The name of the Limited Liability Company is:  
TRADITIONS ANTIQUES, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
11 PINE TREE CIRCLE  
TEQUESTA, FL. 33469

The mailing address of the Limited Liability Company is:  
11 PINE TREE CIRCLE  
TEQUESTA, FL. 33469

**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:  
SAMUEL D STROMBERG ESQ  
50 COCOANUT ROW  
212  
PALM BEACH, FL. 33480

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: SAMUEL D. STROMBERG

### Article V

The name and address of managing members/managers are:

Title: MGRM  
MICHAEL ANDRE  
11 PINE TREE CIRCLE  
TEQUESTA, FL. 33469

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FILED 8:00 AM  
February 17, 2006  
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### Article VI

The effective date for this Limited Liability Company shall be:

02/17/2006

Signature of member or an authorized representative of a member

Signature: MICHAEL ANDRE