

L06000028219

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FILED  
2006 APR - 4 PM 4:14  
TALLAHASSEE, FLORIDA

J. BRYAN APR - 6 2006

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UDER PSI COATINGS, 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:

JOSEPH K ANTONELLI  
(Name of Person)

UNDER PSI COATINGS, LLC  
(Firm/Company)

403 FLOMICH ST., ST A  
(Address)

HOLLY HILL, FL. 32117  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH K ANTONELLI at ( 386 ) 316-6147  
(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 APR -4 PM 4:14  
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:  
UNDER PSI COATINGS, 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:

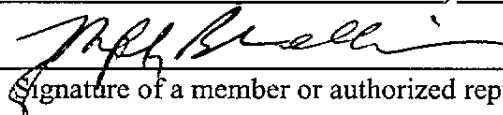
INCORRECT NAME: UDER PSI COATINGS, LLC

NAME CORRECTION TO: UNDER PSI COATINGS, LLC

**OR**

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

Dated: MARCH 28, 2006

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOSEPH K ANTONELLI

Typed or printed name of signee

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

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2006 APR -4 PM 4:14  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

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

L06000028219  
FILED 8:00 AM  
March 16, 2006  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
UDER PSI COATINGS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
403 FLOMICH ST  
SUITE A  
HOLLY HILL, FL. US 32117

The mailing address of the Limited Liability Company is:  
403 FLOMICH ST  
SUITE A  
HOLLY HILL, FL. US 32117

**Article III**

The purpose for which this Limited Liability Company is organized is:  
POWDER COATING

**Article IV**

The name and Florida street address of the registered agent is:  
JOESEPH K. ANTONELLI  
403 FLOMISH ST  
SUITE A  
HOLLY HILL, FL. 32117

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: JOESEPH K. ANTONELLI

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APR - 4 PM 4:14  
TALLAHASSEE, FLORIDA

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
JOSEPH K. ANTONELLI  
403 FLOMICH ST, ST. A  
HOLLY HILL, FL. 32117 US

L06000028219  
FILED 8:00 AM  
March 16, 2006  
Sec. Of State  
jbryan

### **Article VI**

The effective date for this Limited Liability Company shall be:

03/14/2006

Signature of member or an authorized representative of a member

Signature: JOSEPH K. ANTONELLI

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2006 APR -4 PM 4:14  
TALLAHASSEE, FLORIDA