# 106000037976

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Section 18 TAILE
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### **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT:	DONATEIT, L		
		of Limited Liability Co	mpany)
Dear Sir or Madam:			
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this	s matter to the following	g:
CHAD	(Name of Person)	wilsow	_
DONA	(Firm/Company)		_
235 0	Wilson Ave (Address)		_
_Satellite	Beach, FC (City/State and Zip Code)	32937	<u>7</u>
For further information	on concerning this matter, p	olease call:	
CHAD DA	avip wilson	at (32/	779 - /483 t Daytime Telephone Number)
(Na	me of Person)	(Area Code à	t Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, Florida 3	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check	for the following amount:		
☐ \$25 Filing Fce	□ \$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.

The name of the limited liability company is:

FIRS	<u>T</u> :	The name of the limited liability company is: DONATE	it, LLC	<u>,                                      </u>
SECO	<u>OND</u> :	The articles of organization or the application to transact business	SS	
<u>(C</u>	HECK T	THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE	E STATEMEN	<u>'T</u>
X		ns an incorrect statement. The incorrect statement, the reason the	statement is	
		ect, and the corrected statement are as follows:  TICLETT; Anaciphal office address & mailing	address.	and
	ART	ICLEIV Name and address of register	al agent	<u> </u>
	CHI	AD DAVID Wilson, 235 Wilson Avenue	., Satellis	Le Beach
	FL	, 32937 Reason: Christopher S. C	RAMEN O	locs
	OR	Upt want to Be the Registered Agent.		
		efectively signed. The manner in which the document was defect propriate correction are as follows:	ively signed a	nd
res	liability gistered c tatutes r	en named as registered agent and to accept service of process for the company at the place designated in this certificate, I hereby accept agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I define the obligations of my position as registered agent as provided for in	the appointmet th the provision am familiar wit	nt as ns of all th and
		1/2 /2-26		
Dated		1/20/2006 MIDail Mark	SE TAL	0 <del>6</del>
ر کر سرار	ven	Signature of a member or authorized representative of a member of signature of authorized representative of a member of a memb	er LAH	FII APR 2
Cra	mer	CHAD David Wilson		
0/0	6	l yped or printed name of signee	T,	AH ED
1		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	ORID	AN II: 45
	<b></b>		<i>)</i> >	

**FIRST**:

# Electronic Articles of Organization For Florida Limited Liability Company

L06000037976 FILED 8:00 AM April 12, 2006 Sec. Of State tcline

#### Article I

The name of the Limited Liability Company is: DONATEIT, LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is: 298 BRECKENRIDGE CIRCLE PALM BAY, FL. 32909

The mailing address of the Limited Liability Company is: 298 BRECKENRIDGE CIRCLE PALM BAY, FL. 32909

#### **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:

CHRISTOPHER S CRAMER 298 BRECKENRIDGE CIRCLE PALM BAY, FL. 32909

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: CHRISTOPHER S. CRAMER

Chris Craner 4/12/06

### Article V

The name and address of managing members/managers are:

Title: MGRM CHRISTOPHER S CRAMER 298 BRECKENRIDGE CIRCLE PALM BAY, FL. 32909

Title: MGRM CHAD D WILSON 235 WILSON AVE SATELLITE BEACH, FL. 32937

Title: MGRM NAOMI WILSON 235 WILSON AVE SATELLITE BEACH, FL. 32937

Title: MGRM ASHLEY ROOKS 3406 MORELYN CREST CIRCLE ORLANDO, FL. 32828

Title: MGRM FERDINAND M ROMANO 8080 S. TROPICAL TRAIL MERRITT ISLAND, FL. 32952

Signature of member or an authorized representative of a member Signature; FERDINAND M. ROMANO

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