406000054858

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
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Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2006

SCOTT L SIMMS 4915 SAN RAFAEL ST. TAMPA, FL 33629

SUBJECT: INNOVATIVE MOLD SOLUTIONS, LLC

Ref. Number: L06000054858

We have received your document for INNOVATIVE MOLD SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 Hays or your filing will be considered abandoned.

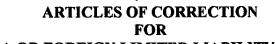
If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 406A00042013

COVER LETTER

TO: Registration Division of	Section Corporations				
SUBJECT: <u>In</u>	novative Mo	1d 50/200	ons, LLC	-	_
	(Name o	of Limited Liability Co	mpany)		
			•		
Dear Sir or Madam:					
The enclosed Article	s of Correction and fee(s) a	re submitted for filing.			
Please return all corr	respondence concerning this	s matter to the followin	g:		
	_				
Sco	(Name of Person)	<u></u>	_		
	(Name of Person)				
Innova	Firm/Company)	Letions LL	<u>c</u>		
	(Firm/Company)			_	
4915	San Rafael	15-		SECRETARY OF STATE AND ANASSEE, FLORIDA	7
	(Address)			EE E	الأدمير. الخديج
Tan	ne, FL 33 (City/State and 7 in Code)	629		RY C	ナドバン
	(City/State and Zip Code)		-	- F D	C
For further informati	on concerning this matter,	please call:		SREE O	
Scott L	amc of Person)	at (& 1 }			
(N	ame of Person)	(Area Code &	& Daytime Telephone N	Number)	
STREET/COURIE Registration Section Division of Corporat			MAILING ADDR Registration Section Division of Corpora	n	
Clifton Building	1015		P.O. Box 6327	110115	
2661 Executive Cent Tallahassee, Florida			Tallahassee, Florida	a 32314	
Enclosed is a check	for the following amount	:			
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Centified Copy	☐ \$60 Filing Fee Certificate of S Certified Copy	Status &	



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.

<u>FIRST</u>	The name of the limited liability company is:
SECO (CH	The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is ncorrect, and the corrected statement are as follows:
	MGR'S names not included. See Assuched.
	Jee Affachod.
	OR JUL
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	TATE ORIDA
Dated:	·
	1. J.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Ma	anno con	Name and Address:
	mager Managing Member	
MORW - P	Managing Member	
M61	7	Scott & Simas
· · · · · · · · · · · · · · · · · · ·	'	4915 San Rafael ST
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(Use attachm	ent if necessary)	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)