

L06000060205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

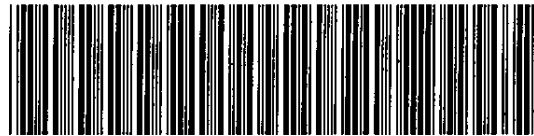
(Business Entity Name)

(Document Number)

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06/16/06--01019--008 **30.00

FILED
06 JUN 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 705 Ventures, 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:

Evelyn Scovill
(Name of Person)

H. William Scovill P.A.
(Firm/Company)

1605 Main St. Suite 912
(Address)

Sarasota FL 34236
(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Scovill at (941) 365-2252
(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

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED
06 JUN 16 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

705 Ventures, 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:

The correct name should be 9th St.
Ventures, LLC. Everything else
remains the same.

OR



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

Dated: _____

Bill Scott

Signature of a member or authorized representative of a member

Bill Scott

Typed or printed name of signee

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

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

L06000060205
FILED 8:00 AM
June 13, 2006
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
705 VENTURES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2914 PINECREST ST.
SARASOTA, FL. US 34239

The mailing address of the Limited Liability Company is:
2914 PINECREST ST.
SARASOTA, FL. US 34239

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:
JEFFREY R OLDENBURG
2914 PINECREST ST.
SARASOTA, FL. 34239

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: JEFFREY R. OLDENBURG

Article V

The name and address of managing members/managers are:

Title: MGMR
JEFFREY R OLDENBURG
2914 PINECREST ST.
SARASOTA, FL. 34239 US

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FILED 8:00 AM
June 13, 2006
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Signature: BILL SCOVILL