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TALLAHASSEE, FLORIDA



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2006 JUN 27 P 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DRAX 951, 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:

Diana M. Noble

(Name of Person)

Stanley J. Lieberfarb, P.A.

(Firm/Company)

1100 5th Avenue S., Suite 405

(Address)

Naples, Florida 34102

(City/State and Zip Code)

For further information concerning this matter, please call:

Diana M. Noble

(Name of Person)

at ( 239 )

403-0611

(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

CR2E062 (08/05)

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

**FILED**

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SECRETARY OF STATE  
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: DRAX 951, 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:  
Article V information is incorrect. It should be:

TITLE: Manager

Von Liebig Office, Inc.

Linda A. Hamilton, Pres.

404 Clation Point, Naples, Florida 34104

**OR**

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

Dated: 6/26/06

  
Signature of a member or authorized representative of a member

Vernon O. Ray

Typed or printed name of signee

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