

L060000 92836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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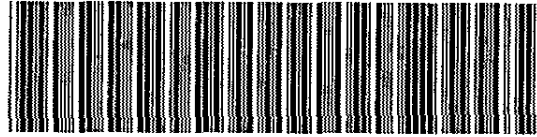
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-28
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wonderful Walls 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:

DEBRA Kelly
(Name of Person)

Wonderful Walls LLC.
(Firm/Company)

2430 Queen Ann St
(Address)

(Merritt Island) Fla 32952
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBRA Kelly at (321) 452 1093
(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

CR2E062 (08/05)

*make check to
Dept of State -*

FILED
06 SEP 27 AM 10:59
SECRETARY OF STATE
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: Wonderful Walls 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 Following Person is the MANAGING member

DEBRA ANN Kelly
2430 QUEEN ANN St
Mt, FLA 32952

MERRITT
ISLAND.

OR

- I Filed on line
& WAS MISINFORMED
AS to where to stop

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

on Application
By one of
your
representatives

Dated: _____

Signature of a member or authorized representative of a member

DEBRA ANN Kelly

Typed or printed name of signer

9/23/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 27 AM 10:59

FILED

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

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

L06000092836
FILED 8:00 AM
September 21, 2006
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
WONDERFUL WALLS LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
2430 QUEEN ANN ST.
MERRITT ISLAND, FL. 32952

The mailing address of the Limited Liability Company is:
2430 QUEEN ANN ST.
MERRITT ISLAND, FL. 32952

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:
DEBRA A KELLY
2430 QUEEN ANN ST.
MERRITT ISLAND, FL. 32952

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: DEBRA ANN KELLY

Signature of member or an authorized representative of a member

Signature: DEBRA ANN KELLY/MANAGING MEMBER