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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-31
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JP Pavers Solutions, 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:

JULIANA KOGAKE
(Name of Person)

JP PAVERS SOLUTIONS LLC
(Firm/Company)

5503 AXIOM AVE.
(Address)

ORLANDO FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

JULIANA KOGAKE at (407) 963 4196
(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

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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:

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:

OR

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

Juliana M. Kogake is the Manager/
Member and Registered Agent

Dated: _____

Juliana Kogake
Signature of a member or authorized representative of a member
Juliana Kogake
Typed or printed name of signer

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

06 OCT 30 PM 12:09

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L06000095403
FILED 8:00 AM
September 29, 2006
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
JP PAVERS SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5503 AXIOM AVE
ORLANDO, FL. 32839

The mailing address of the Limited Liability Company is:
5503 AXIOM AVE
ORLANDO, FL. 32839

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:
JULIANA N KOGAKE
5503 AXIOM AVE
ORLANDO, FL. 32839

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: JULIANA KOGAKE

Article V

The effective date for this Limited Liability Company shall be:
09/28/2006

Signature of member or an authorized representative of a member
Signature: JULIANA KOGAKE

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TALLAHASSEE FLORIDA