

LD7000036492

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(City/State/Zip/Phone #)

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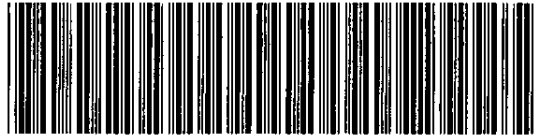
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Financial 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:

Michael F. Manies
(Name of Person)

Superior Financial Solutions, LLC
(Firm/Company)

3378 Claine Way W.
(Address)

Dunedin, FL 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Manies at (727) 230-6949
(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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07 NOV 19 PM 2:14
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:
Superior Financial Solutions, 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:
Address on file is now incorrect - location of
office has changed. New address is:
3378 Clarine Way W.
Dunedin, FL, 34698

OR

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

Dated: November 15, 2007

Mike Manes
Signature of a member or authorized representative of a member

Mike Manes
Typed or printed name of signee

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

07 NOV 19 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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

L07000036492
FILED 8:00 AM
April 05, 2007
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
SUPERIOR FINANCIAL SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
606 LEMBO CIR
#107
CLEARWATER, FL. US 33765

The mailing address of the Limited Liability Company is:
606 LEMBO CIR
#107
CLEARWATER, FL. US 33765

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:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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: TROY TODD

Article V

L07000036492
FILED 8:00 AM
April 05, 2007
Sec. Of State
nculligan

- The name and address of managing members/managers are:

Title: MGRM
MICHAEL F MANIES
606 LEMBO CIR #107
CLEARWATER, FL. 33765 US

Title: MGRM
CURTIS R FORT
914 NICHOLSON ST
CLEARWATER, FL. 33755 US

Title: MGRM
MARK D LEVEY
8421 83RD ST N
SEMINOLE, FL. 33777 US

Signature of member or an authorized representative of a member

Signature: MIKE MANIES