

LO7000038743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

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(Business Entity Name)

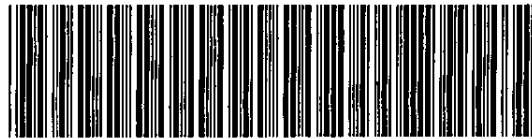
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Ciclón " 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:

Susana Pagan

(Name of Person)

El Ciclón " LLC "

(Firm/Company)

7014 Sidney Lanier Ct.

(Address)

Orlando, FL 32818

(City/State and Zip Code)

For further information concerning this matter, please call:

Mrs. Susana Pagan

(Name of Person)

at (407) 925-4117

(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

RECEIVED
07 APR 18 AM 11:55
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:

El Cíclon "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:

1. The incorrect statement is the name of the registered busi
2. The reason the statement is incorrect, is because the name is incom
3. The corrected and complete name is: El Cíclon Restaurant"

OR

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

Dated: April 11, 2007.

Susana Pagan

Signature of a member or authorized representative of a member

Susana Pagan

Typed or printed name of signee

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

07 APR 18 AM 11:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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

L07000038743
FILED 8:00 AM
April 11, 2007
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
EL CICLON " LIMITED LIABILITY COMPANY "

Article II

The street address of the principal office of the Limited Liability Company is:
2801 N. HIAWASSEE
ORLANDO, FL. 32818

The mailing address of the Limited Liability Company is:
7014 SIDNEY LENIER CT.
ORLANDO, FL. 32818

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS. RESTAURANT.

Article IV

The name and Florida street address of the registered agent is:
SUSANA PAGAN
7014 SIDNEY LENIER CT.
ORLANDO, FL. 32818

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: SUSANA PAGAN

Article V

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

Title: MGR
SUSANA PAGAN
7014 SIDNEY LENIER CT.
ORLANDO, FL. 32818

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April 11, 2007
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Signature of member or an authorized representative of a member

Signature: SUSANA PAGAN