# 107000043634

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



400100358284

05/10/07--01008--001 \*\*55.00

07 HAY 10 AN 9: 06

OLL SECTION ATTOM
ON THE COMPORATION
ON THE COMPOR

RECEIVED

OT MAY 10 MM 9: 20

V,

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:			
	ND: 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, and the corrected statement are as follows:  SUNCOMST CONSULTING 15 TOTALL  INCORPET NAME. ERROR DU- 10 TY  COMPANY N-M- 15 SUNCOAST C		ૡ	
	incorrect name. ERROR Du- 10 TY	Po- Co	PRECT	
	company name is SuncoAST C	onsus	MNTS.	
	1.1 6		/	
			•	
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively	y signed and		
	the appropriate correction are as follows:			
	· · · · · · · · · · · · · · · · · · ·	97 I	•	
		AHAS		
		SEE. P	- () - [77]	
Dated:				
	Mannie Maynost Signature of a member or authorized representative of a member	9: 21 SIAIE FLORIDA		
	HANN'T Clapkoth Typed or printed name of signee			
	Filing Fee: \$25.00			

\$30.00 (optional)

Certified Copy:

# Electronic Articles of Organization For Florida Limited Liability Company

L07000043634 FILED 8:00 AM April 24, 2007 Sec. Of State ncausseaux

#### Article I

The name of the Limited Liability Company is: SUNCOAST CONSULTING LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:

17523 BALMAHA DRIVE LAND O LAKES, FL. 34638

The mailing address of the Limited Liability Company is:

PO BOX 1338 LAND O LAKES, FL. 34639

#### **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:

HANNIE I CLAPROTH 17523 BALMAHA DRIVE LAND O LAKES, FL. 34638

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: HANNIE I. CLAPROTH

## Article V

The name and address of managing members/managers are:

Title: MGR HANNIE I CLAPROTH 17523 BALMAHA DRIVE LAND O LAKES, FL. 34638

Signature of member or an authorized representative of a member Signature: HANNIE I CLAPROTH

L07000043634 FILED 8:00 AM April 24, 2007 Sec. Of State

O7 MAY IO AM 9: 21
SECKLIARY UT SIAIL