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SECRETARY OF STATE
TALLAHASSEF, FINELA

COVER LETTER

TO: Registration Division o	on Section f Corporations				
SUBJECT: PF A	NDA, LLC				
	(Name	of Limited Liability Co	ompany)		
Dear Sir or Madam:	• •				
The enclosed Articl	es of Correction and fee(s)	are submitted for filing			
Please return all cor	respondence concerning thi	s matter to the following	og:		
D. James Sny			_		
	(Name of Person)				
D. James Snyde			_	200 SE TALL	
	(Firm/Company)			T JU	7
2790 Sunset Po	int Road			1001 JUN 22 SECRETARY (LLAHASSEE	
	(Address)				T
Clearwater, FL	33759			P 1: 39 IF STATE FLORIDA	C
	(City/State and Zip Code)		_	39 EE	
For further informat	ion concerning this matter,	please call:			
D. James Snyde		at (<u>72</u> 7	797-6878		
(N	lame of Person)	(Area Code d	& Daytime Telephone Number	т)	
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 3231	4	
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)

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 PF ADA,	-	The name of the limited liability company is:						
<u>SECO</u>		The articles of organization or the application to transact business						
(<u>CH</u>	ECK T	<u>HE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN</u>	<u>T</u>					
Ø	incorre	contains an incorrect statement. The incorrect statement, the reason the statement is correct, and the corrected statement are as follows: oder Article V, the third MGRM, ANNE M. DORE FAM. TR., DAVID D. DORE, TTE, was						
	incorrec	ctly inserted in the Articles of Organization. The third MGRM should solely reflect DAVID D. DO	RE.					
	·	□						
	<u>OR</u>	ECRETA LLAHAS						
		efectively signed. The manner in which the document was defect well signed are propriate correction are as follows:						
		RIDA	_					
Datad:	June 2	2007						
Daleu.		Dame Snyd						
		Signature of a member or authorized representative of a member						
		D. James Snyder						
		Typed or printed name of signee						
		Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)						

Electronic Articles of Organization For Florida Limited Liability Company

L07000063043 FILED 8:00 AM June 14, 2007 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: PF ADA, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 1889 MUIRFIELD WAY OLDSMAR, FL. US 34677

The mailing address of the Limited Liability Company is: 1889 MUIRFIELD WAY OLDSMAR, FL. US 34677

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:

BRIAN A MCDONALD 1889 MUIRFIELD WAY OLDSMAR, FL. 34677

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: BRIAN A. MCDONALD

Article V

The name and address of managing members/managers are:

Title: MGRM BRIAN A MCDONALD 1889 MUIRFIELD WAY OLDSMAR, FL. 34677 US

Title: MGRM M. CASEY FISHER 1889 MUIRFIELD WAY OLDSMAR, FL. 34677 US

Title: MGRM ANNE M. DORE FAM. TR., DAVID D. DORE, TTE 1889 MUIRFIELD WAY OLDSMAR, FL. 34677 US

Signature of member or an authorized representative of a member Signature: D. JAMES SNYDER

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