

LO7 000088842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lax PM 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:

Lyuba Young

(Name of Person)

College, Tax & Retirement Strategies, LLC

(Firm/Company)

3110 Spring Glen Road

(Address)

Jacksonville, FL 32207

(City/State and Zip Code)

For further information concerning this matter, please call:

Lyuba Young

(Name of Person)

at (904)

396-6777
(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

CR2E062 (08/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 SEP 17 AM 10:45

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**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:
Lax PM 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:

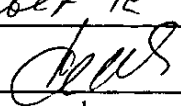
An error was made in the name on the application. The correct name should be

Jax PM LLC

OR

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

Dated: September 12, 2007


Signature of a member or authorized representative of a member

LARISA OSIN

Typed or printed name of signee

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

2007 SEP 17 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L07000088842
FILED 8:00 AM
August 29, 2007
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

LAX PM LLC

Article II

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

3119 SPRING GLEN ROAD
103
JACKSONVILLE, FL. 32207

The mailing address of the Limited Liability Company is:

3119 SPRING GLEN ROAD
103
JACKSONVILLE, FL. 32207

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:

LYUBA YOUNG
3110 SPRING GLEN RD
JACKSONVILLE, FL. 32207

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: LYUBA YOUNG

Article V

The name and address of managing members/managers are:

Title: MGRM
LARISA OSINA
1400 LE BARON AVE APT 213
JACKSONVILLE, FL. 32207

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August 29, 2007
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Signature of member or an authorized representative of a member

Signature: LYUBA YOUNG