

L07000103859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

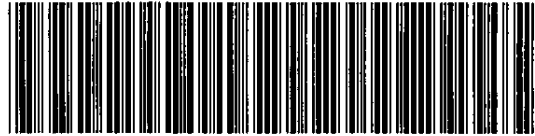
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07 OCT 19 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHERYL ANN JONES ENTERPRISES, LLC DOC#L07000103259

(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:

JOHN MALDONADO

(Name of Person)

Accord Tax Services

(Firm/Company)

2133 W FAIRBANKS AVE

(Address)

WINTER PARK FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN MALDONADO

(Name of Person)

at (407) 647-2101

(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)

FILED
07 OCT 19 AM 11:59
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:
SHERYL ANN JONES ENTERPRISES, 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:

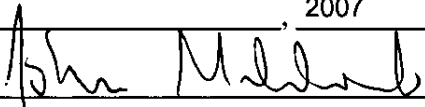
ARTICLE 1- HAS INCORRECT NAME AS "SHERYL ANN ENTERPRISES, LLC"

IT SHOULD READ AS; SHERYL ANN JONES ENTERPRISES, LLC

OR

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

Dated: OCTOBER 11, _____, 2007



Signature of a member or authorized representative of a member

JOHN MALDONADO

Typed or printed name of signee

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

FILED
07 OCT 19 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L07000103259
FILED 8:00 AM
October 11, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
SHERYL ANN ENTERPRISES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
112 PAMALA CT
SANFORD, FL. 32771

The mailing address of the Limited Liability Company is:
112 PAMALA CT
SANFORD, FL. 32771

Article III

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

Article IV

The name and Florida street address of the registered agent is:
SHERYL A JONES
112 PAMALA CT
SANFORD, FL. 32771

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: SHERYL A. JONES

Article V

The name and address of managing members/managers are:

Title: MGRM
SHERYL A JONES
112 PAMALA CT
SANFORD, FL. 32771

L07000103259
FILED 8:00 AM
October 11, 2007
Sec. Of State
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Signature of member or an authorized representative of a member

Signature: JOHN MALDONADO