

LO7000121192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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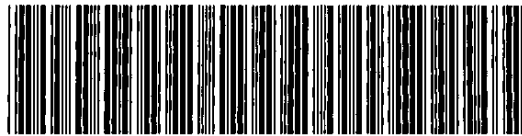
(Business Entity Name)

(Document Number)

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08 JAN -2 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 02 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M & S WHOLESALERS 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:

V. SOROKIN

(Name of Person)

OLEN INC.

(Firm/Company)

234 HUDSON AVE #6566

(Address)

ALBANY, NY 12210

(City/State and Zip Code)

For further information concerning this matter, please call:

V. SOROKIN

(Name of Person)

at (888) 544-7773

(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

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08 JAN -2 AM 11:15
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:
M & S WHOLESALERS 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:

The missing statement should be included (was omitted by mistake):

The effective date if filing of these articles of formation shall be January 2, 2008

OR

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

Dated: December 8, 2007

Signature of a member or authorized representative of a member

V.SOROKIN

Typed or printed name of signee

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

08 JAN -2 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L07000121192
FILED 8:00 AM
December 05, 2007
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
M & S WHOLESALERS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
219 MANOEL SILVA ST
KISSEMMEE, FL. 34743

The mailing address of the Limited Liability Company is:
219 MANOEL SILVA ST
KISSEMMEE, FL. 34743

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:
MEIR SHALOM DERA
219 MANOEL SILVA ST
KISSEMMEE, FL. 34743

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: MEIR SHALOM DERA

Article V

The name and address of managing members/managers are:

Title: MGRM
MEIR SHALOM DERA
219 MANOEL SILVA ST
KISSEMMEE, FL. 34743

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FILED 8:00 AM
December 05, 2007
Sec. Of State
ncausseaux

Signature of member or an authorized representative of a member

Signature: MEIR SHALOM DERA