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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 03 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHOST PROPERTIES, 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:

Victor J. Troiano, Esquire

(Name of Person)

Troiano & Roberts, P.A.

(Firm/Company)

317 S. Tennessee Avenue

(Address)

Lakeland, FL 33801

(City/State and Zip Code)

For further information concerning this matter, please call:

Victor J. Troiano, Esquire

(Name of Person)

at (863)

686-7136

(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)

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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: GHOST PROPERTIES, 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:

Mailing Address, Street Address and Registered Agent Address is:

429 East Timberlane Office

Lakeland, Florida 33801

OR

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

Dated: _____

August 2008

Signature of a member or authorized representative of a member

Victor J. Troiano, Authorized Representative

Typed or printed name of signee

08 SEP -2 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The Name of the Limited Liability Company is: GHOST PROPERTIES, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 429 W. Timberlane Office, Lakeland, Florida 33801

b: Street Address: 429 W. Timberlane Office, Lakeland, Florida 33801

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

LYLE DAN FLING

Name

429 W. TIMBERLANE OFFICE

Florida street address (Post Office Box NOT acceptable)

LAKELAND, FL 33801

City, State and Zip

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV – Management (Check applicable box)

☐ The Limited Liability Company is to be managed by one manager
managers and is, therefore, a manager – managed company.

☒ The Limited Liability Company is to be managed by one member or
members and is, therefore, member - managed company.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LYLE DAN FLING

Typed or printed name of signee

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008 MAY 19 P 1:24
CLERK OF CIRCUIT COURT
HAWAII