

609 000000932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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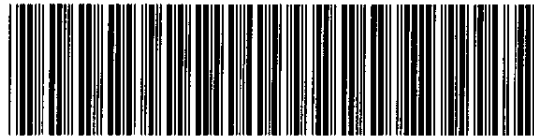
(Business Entity Name)

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TALLAHASSEE, FLORIDA

T. CLINE

JAN 16 2009

EXAMINER

609-932

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JNNE Company 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:

E. Nicole Pires
(Name of Person)

JNNE Company LLC
(Firm/Company)

4043 Elmcrest Drive
(Address)

Pensacola, FL 32501
(City/State and Zip Code)

For further information concerning this matter, please call:

E. Nicole Pires at (850) 572-1618
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

**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:
JNNE Company 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:
Incorrect Statement: Elizabeth Hebert as member / MGR.
This statement is incorrect because she is not the manager.
Corrected statement should show E. Nicole Pires
as member / MGR.

OR

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

Dated: 1-13-09

E. Nicole Pires
Signature of a member or authorized representative of a member

E. Nicole Pires

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

L09000000932
FILED 8:00 AM
January 05, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:

JNNE COMPANY LLC

Article II

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

5150 BAYOU BLVD
SUITE 2-H
PENSACOLA, FL. US 32504

The mailing address of the Limited Liability Company is:

4043 ELMCREST DRIVE
PENSACOLA, FL. US 32504

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:

ELIZABETH N PIRES
701 N. 18TH AVENUE
PENSACOLA, FL. 32501

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: E. NICOLE PIRES

Article V

The name and address of managing members/managers are:

Title: MGR
ELIZABETH J HEBERT
4043 ELMCREST DRIVE
PENSACOLA, FL. 32504

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FILED 8:00 AM
January 05, 2009
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

01/05/2009

Signature of member or an authorized representative of a member

Signature: E. NICOLE PIRES