

LO9 000006218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

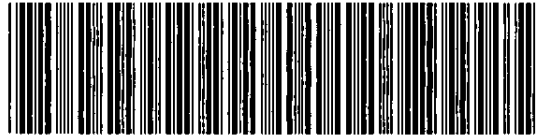
(Business Entity Name)

(Document Number)

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T. CLINE
FEB - 6 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2009

LUIS FERNANDO MORALES
5700 COLLINS AVE #14e
MIAMI BEACH, FL 33140

SUBJECT: INTERCAPITAL FINANCIAL L.L.C
Ref. Number: L09000006218

We have received your document for INTERCAPITAL FINANCIAL L.L.C and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 309A00002694

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intercapital Financial L.L.C.
(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:

Luis Fernando Morales
(Name of Person)

(Firm/Company)

5700 Collins Ave #14-E
(Address)

Miami Beach FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Fernando Morales at (305) 753 2561
(Name of Person) (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

**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: Intercapital Financial 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 LLC was filled with the incorrect name
(Intercapital Financial LLC) The correct and desired
name is "Intercapital Financial Group LLC"

OR

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

Dated: January 30, 2009


Signature of a member or authorized representative of a member

Luis Fernando Morales

Typed or printed name of signee

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

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

L09000006218
FILED 8:00 AM
January 20, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
INTERCAPITAL FINANCIAL L.L.C

Article II

The street address of the principal office of the Limited Liability Company is:
5700 COLLINS AVE
14E
MIAMI BEACH, FL. 33140

The mailing address of the Limited Liability Company is:
5700 COLLINS AVE
14E
MIAMI BEACH, FL. 33140

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:
LUIS F MORALES
5700 COLLINS AVE
14E
MIAMI BEACH, FL. 33140

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: LUIS FERNANDO MORALES

Article V

The name and address of managing members/managers are:

Title: MGRM
LUIS F MORALES MR.
5700 COLLINS AVE 14E
MIAMI BEACH, FL. 33140

L09000006218
FILED 8:00 AM
January 20, 2009
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

01/20/2009

Signature of member or an authorized representative of a member

Signature: LUIS FERNANDO MORALES