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AND AHASSEE, FLORIDA

T. CLINE

MAR 30 2009

**EXAMINER** 

U9-25514

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	JAXALTATION LLC (Name of Limited Liability Co	mpany)	
Dear Sir or Madam:			
The enclosed Article	s of Correction and fee(s) are submitted for filing.		
Please return all corr	espondence concerning this matter to the following	g;	
JAC JAXA	(Name of Person)  4LTATION LLC  (Firm/Company)	_	2009 HA SECIRI TALLA
205. CLEA	5 CARRIAGE LANE (Address)  RWATER, FL 3376 (City/State and Zip Code)	_	19 HAR 27 PH 12: 49 ECRETARY OF STATE LLAHASSEE, FLORIO
For further informati	ion concerning this matter, please call:	•	-
JACK	arme of Person) at (727 (Area Code	242-4/35 & Daytime Telephone Number)	-
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	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	S30 Filing Fee & Certificate of Status S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
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CR2E062 (08/05)			

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:  JAXALTATION LLC			
<u>SECO</u>	ND: The articles of organization or the application to transact business			
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT				
AD .	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  — I DID NOT LIST MYSELF AS A MANAGER/HEMBER			
	THE REASON IS THAT I DIDN'T KNOW I HAD TO			
	LIST MYSELF, WITCH I'M THE ONLY MEMBER & ALREADY			
	OR MANAGER MEMBER SHOULD BE: JACK JOHNSON OR SOSS CARRIFGE LAVE			
	OR MANAGER MEMBER SHOULD BE: JACK JOHN SOUTH			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
Dated:	Signature of a member or authorized representative of a member			
	Typed or printed name of signee			
	Filing Fee: \$25.00			

Certified Copy: \$30.00 (optional)

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

L09000025516 FILED 8:00 AM March 16, 2009 Sec. Of State clewis

#### Article I

The name of the Limited Liability Company is: JAXALTATION LLC

#### **Article II**

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

2055 CARRIAGE LANE CLEARWATER, FL. US 33765

The mailing address of the Limited Liability Company is:

2055 CARRIAGE LANE CLEARWATER, FL. US 33765

#### **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:

JACK W JOHNSON 2055 CARRIAGE LANE CLEARWATER, FL. 33765

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: JACK JOHNSON

Signature of member or an authorized representative of a member

Signature: JACK JOHNSON