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09 MAY 18 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 19 2009

EXAMINER

postal mo # 16280143547  
\$30.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDEPENDENT SALES ASSOCIATES OF AMERICA 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:

SANDRA HUDSON

Name of Person

OCEANSIDE CONNECTION LLC

Firm/Company

STE 605-160 2202 N YOUNG BLVD

Address

CHIEFLAND FLORIDA 32626

City/State and Zip Code

DOCUMAN@STARBAND.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA HUDSON

Name of Person

at ( 813 )

7635235

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)

*Attached is  
a page with  
the errors circled*

**FILED**  
09 MAY 18 PM 12:53  
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:  
INDEPENDENT SALES ASSOCIATES OF AMERICA LLC

L 09000027179

**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:

TYPOS LISTED BELOW SHOULD BE CHANGED AS LISTED: COMPANY

NAME : THE WORD SALES ONLY HAS ONE S AT THE END 'SALES'

INSERT FEI/EIN NUMBER 26-4630448 ----- UNDER MANAGER/MEMB

ACUCOM DALES SHOULD READ ACUCOM SALES - PLEASE SEE

*cont'd below*

**OR**



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

THE LAST MGRM (MJK CONSOLIDATED) SHOULD HAVE ENTERPRISES

CORRECTED AND THE TOWN IS SPELLED CARY WITH A Y (NOT A T)

Dated: MAY 12, 2009

Sandra Hudson  
Signature of a member or authorized representative of a member

SANDRA HUDSON FOR ACUCOM SALES AND SERVICE

Typed or printed name of signee

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

*Please see my  
attachment with  
the errors circled*

**FILED**  
MAY 18 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

L09000027179  
FILED 8:00 AM  
March 20, 2009  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

INDEPENDENT SALESS ASSOCIATES OF AMERICA LLC

**Article II**

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

8527 SW 70TH STREET  
SUITE B  
TRENTON, FL. US 32693

The mailing address of the Limited Liability Company is:

8527 SW 70TH STREET  
SUITE B  
TRENTON, FL. US 32693

**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:

OCEANSIDE CONNECTION LLC  
2202 N. YOUNG BLVD.  
SUITE 605-160  
CHIEFLAND, FL. 32626

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: SANDRA HUDSON

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
ACUCOM DALES AND SERVICE LLC  
1116 KIMBERLY DRIVE  
RALEIGH, NC. 27609 US

Title: MGRM  
MJK CONSOLIDATED ENYERPRISES LLC  
106 SHADOW BEND LANE  
CART,,, NC. 27511 US

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FILED 8:00 AM  
March 20, 2009  
Sec. Of State  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/15/2009

Signature of member or an authorized representative of a member

Signature: DAVE LANGFORD