

109 000028219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500150854395

04/20/09--01023--005 **25.00

FILED

2009 APR 20 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 21 2009

EXAMINER

109-28219

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MDSR Business Solutions, 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:

Michael M Robinson

(Name of Person)

MDSR Business Solutions, LLC.

(Firm/Company)

3848 Monfero Avenue

(Address)

North Port, Florida 34286

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael M Robinson

(Name of Person)

at (941) 423-2909

(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

FILED
2009 APR 20 PM 1:22
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:
MDSR Business Solutions, 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:
After reviewing the online filing I noticed that there is an error. The name of the Business is:

MDSR Business Solutions, LLC. However, I see in the articles of corporation that the Florida LLC is listed

as MDSR Business Service, LLC which is INCORRECT. The correct name of the business is:

MDSR BUSINESS SOLUTIONS, LLC. Please correct this error because I cannot conduct any business until it is correct.


OR

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

2009 APR 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: April 6th, 2009



Signature of a member or authorized representative of a member
Michael M Robinson

Typed or printed name of signee

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

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

L09000028219
FILED 8:00 AM
March 23, 2009
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
MDSR BUSINESS SERVICE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3848 MONFERO AVENUE
NORTH PORT, FL. 34286

The mailing address of the Limited Liability Company is:
3848 MONFERO AVENUE
NORTH PORT, FL. 34286

Article III

The purpose for which this Limited Liability Company is organized is:
SOLUTIONS AND CONSULTING SERVICES FOR BUSINESSES

Article IV

The name and Florida street address of the registered agent is:
MICHAEL M ROBINSON
3848 MONFERO AVENUE
NORTH PORT, FL. 34286

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: MICHAEL M ROBINSON

Article V

The name and address of managing members/managers are:

Title: MGRM
MDSR BUSINESS SOLUTIONS, LLC
3848 MONFERO AVENUE
NORTH PORT, FL. 34286

Title: MGRM
MICHAEL M ROBINSON
3848 MONFERO AVENUE
NORTH PORT, FL. 34286

L09000028219
FILED 8:00 AM
March 23, 2009
Sec. Of State
mthomas

Article VI

The effective date for this Limited Liability Company shall be:

03/23/2009

Signature of member or an authorized representative of a member

Signature: MICHAEL M ROBINSON