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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flava Firms 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:

JUDE BERNARD JOSEPH

Name of Person

Flava Firms LLC

Firm/Company

1219 NW 15 ST.

Address

FT. LAUDERDALE FL 33311 US

City/State and Zip Code

zerithmcmillan@yahoo.com

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

For further information concerning this matter, please call:

JUDE BERNARD JOSEPH

Name of Person

at (954) 494-1072

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)

FILED
09 MAY - 7 AM 10:15
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:
Flava Firms 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:

Add managing member to Article V

ZERITH MCMILLAN, 1219 NW 15 ST., FT. LAUDERDALE FL 33311 US

OR



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

Dated: May 4, 2009

Jude B. Joseph
Signature of a member or authorized representative of a member

JUDE BERNARD JOSEPH

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
09 MAY -7 AM 10:15
TALLAHASSEE, FLORIDA
STATE

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

L09000040200
FILED 8:00 AM
April 27, 2009
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

FLAVA FIRMS, LLC

Article II

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

1219 NW 15 ST.
FT.LAUDERDALE, FL. US 33311

The mailing address of the Limited Liability Company is:

1219 NW 15 ST.
FT.LAUDERDALE, FL. US 33311

Article III

The purpose for which this Limited Liability Company is organized is:

FINISHING WORK ON COMMERCIAL AND RESIDENTIAL PROJE

Article IV

The name and Florida street address of the registered agent is:

ZERITH MCMILLAN
1219 NW 15 ST.
FT.LAUDERDALE, FL. 33311

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: ZERITH MCMILLAN

Article V

The name and address of managing members/managers are:

Title: MGRM
JUDE BERNARD JOSEPH
1219 NW 15ST.
FT.LADERDALE, FL. 33311 US

L09000040200
FILED 8:00 AM
April 27, 2009
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

05/01/2009

Signature of member or an authorized representative of a member

Signature: ZERITH MCMILLAN