L0900061258

| (Req | uestor's Name) | |
|---------------------------|-------------------|--------------------|
| | | |
| (Add | ress) | |
| | | |
| (Add | ress) | ····· |
| | | |
| (City) | /State/Zip/Phone | #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bus | iness Entity Name | 9) 12 14 - " |
| | | |
| (Doc | ument Number) : | f 30 35 * 1 |
| | • | |
| Certified.Copies | Certificates of | of Status to state |
| | | <u></u> |
| | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ļ |
| | | |

Office Use Only



300158050283

07/08/09--01013--005 **35.00

FILED

09 JUL 27 PH 2: 36

SECRETARY OF STATE

D. BRUCE

JUL 27 2009

EXAMINER

COVER LETTER

| | | · | O TELL EL | | • | | | |
|--|--|-----------------------|---------------------------|------------|---|-------------------|--------|----|
| | ation Section n of Corporations | 060 | ONE: N | JANO | e E C L C | , | | |
| NG (SUBJECT: | W NANG | 25 L | LC | | | | | |
| | | Name o | of Limited Liab | ility Con | npany | | | |
| Dear Sir or Mada | am: | | | | | | | |
| The enclosed Ar | ticles of Correction | and fee(s) a | re submitted fo | or filing. | | | | |
| Please return all | correspondence con | cerning this | matter to the f | following | ç; | | | |
| NAM | NCY HA Name of P | RLAN erson | , | <u></u> | | | | |
| | ANCS L | LC | | | | | | |
| 1220 | 7 Timbe | pany <u>CRLA</u> K | CE ROA | د د | | TALL | 09. | |
| RIVER | 7 Timber Address VIEW F City/State and | . 33 | 3569 | | | RETARY AHASSEI | JUL 27 | |
| | City/State and | zip Couc | | | | of ST | PH 2: | ED |
| E-mail add | ress: (to be used for | future anni | al report notifi | cation) | • | A A A | 36 | |
| | | | | | ٠. | | | |
| For further infor | mation concerning t | his matter, | ologie cali: | | | | | |
| 11/1 | 7 | -/// | at (| / | ` | | | |
| | Name of Person | ef | at (| Area Co | de & Daytime Telephone Number | r | | |
| STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flor | oorations Center Circle | ٠ | · | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a ch | eck for the followi | ng amount | 1 | | | | | |
| \$25 Filing Fe | | Fee & e of Status | S55 Filing Certified (| | \$60 Filing Fee, Certificate of Status & Certified Copy | | | |

CR2E062 (08/05)



July 9, 2009

NANCY HARLAN 12207 TIMBERLAKE ROAD RIVERVIEW, FL 33569

SUBJECT: NANCE, LLC Ref. Number: L09000061258

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

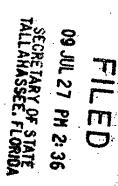
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00023487



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: NANCS LCC | | | |
|--------|--|-----------|----------|--------------|
| SECO: | ND: The articles of organization or the application to transact business | | | |
| (CH | IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S | TATE | MEN | <u>T</u> |
| | Contains an incorrect statement. The incorrect statement, the reason the st incorrect, and the corrected statement are as follows: | ateme | nt is | |
| | ARTICLE I - NANCS LLC INSTEAD OF 1 MAILING ADDRESS Should BE 12207 | VANC | EC | <u>(c</u> |
| | ROAD, RIVERVIEW, FC. 33569 | 7.77 | <u> </u> | <u> </u> |
| | <u>OR</u> | | | |
| | Was defectively signed. The manner in which the document was defective the appropriate correction are as follows: | ly sig | ned a | nd |
| | | L CR | ٦. | |
| | | ARY | 27 | = |
| | | or s | P# 2 | |
| Dated: | | ATA SA | 36 | - |
| | Signature of a member of authorized representative of a member | - | | |
| | Typed or printed name of signee | _ | | |
| | Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| s: |
|---|
| LLC bility Company." "L.L.C.," or "LLC.") |
| only company. This is the fact of |
| The large and the theory of the large and |
| principal office of the Limited Liability Company is: |
| Mailing Address: |
| PO BOX 1025 |
| RIVERVIEW, FL 33568-1025 |
| PO: |
| ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another registered agent are: HARLAN |
| e × |
| SDEN ROAD |
| O. Box NOT acceptable) |
| FL |
| and Zip |
| accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |
| |

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | NANCY HARLAN 12207 TIMBERLAKE ROAD RIVERVIEW, FL. 33569 |
| | |
| | TIL TIL |
| (Use attachment if necessary) | PH 3: 10 EEF, FLORID |
| ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be sto or 90 days after the date of filing.) | nte of filing: |
| REQUIRED SIGNATURE: Signature of a member of | or an authorized representative of a member. |
| | on 608.408(3), Florida Statutes, the execution stes an affirmation under the penalties of perjury in are true.) |
| Filing Fore: | HARLAN d or printed name of signee |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)