

L09000065453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

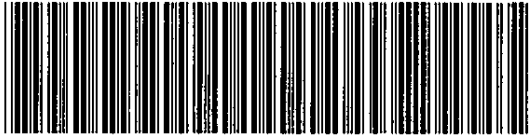
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800158665538

07/31/09--01022--010 **55.00

FILED
09 JUL 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 31 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
JUL 30 2009
BY:

July 27, 2009

CRAIG OLSEN
CL VERIFY, LLC
3030 NORTH ROCKY POINT DR, #670
TAMPA, FL 33607

SUBJECT: CL VERIFY CONSUMER SOLUTIONS LLC
Ref. Number: L09000065453

FILED
09 JUL 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CL VERIFY CONSUMER SOLUTIONS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00025640

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CL Verify Consumer 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:

Craig Olsen
Name of Person

CL Verify LLC
Firm/Company

3030 North Rocky Point Drive # 670
Address

Tampa FL, 33607
City/State and Zip Code

colsen@clverify.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Olsen at (813) 466-1703
Name of Person 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

09 JUL 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:
CL Verify Consumer 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:

Name of LLC - CL Verify Consumer Solutions LLC
is incorrect. Please change LLC name to
CL Verify Consumer Services LLC

OR

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

09 JUL 30 PM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: July 30th, 2009

Craig Olsen
Signature of a member or authorized representative of a member

Craig Olsen / 7/30/2009
Typed or printed name of signee

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

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

L09000065453
FILED 8:00 AM
July 07, 2009
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
CL VERIFY CONSUMER SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3030 NORTH ROCKY POINT
670
TAMPA, FL. 33607

The mailing address of the Limited Liability Company is:
3030 NORTH ROCKY POINT DRIVE
670
TAMPA, FL. 33607

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:
CL VERIFY, LLC
3030 NORTH ROCKY POINT DRIVE
670
TAMPA, FL. 33607

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: CRAIG OLSEN

FILED
09 JUL 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
CL VERIFY, LLC
3030 NORRTH ROCKY POINT DRIVE, #670
TAMPA, FL. 33607

Signature of member or an authorized representative of a member

Signature: CRAIG OLSEN

L09000065453
FILED 8:00 AM
July 07, 2009
Sec. Of State
ncausseaux

FILED
09 JUL 30 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA