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SECRETARY OF SIAIS

N. Guillean SEP 18 2009

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: I Survivad 2009,	HC
Name of Limited Liability Con	mpany
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	g:
RON A GINN Name of Person	
I Survived 2009, LLC Firm/Company	_
6792 A AUENUE Address	_
St. Augustino, Fl 32080 City/State and Zip Code	-
E-mail address: (to be used for Auture annual report notification)	-
For further information concerning this matter, please call: Row Ginn Name of Person at (904) Area Co	501-1464 de & 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 \$ S55 Filing Fee \$ Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/05)	

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 Pursuant to section 608.4115, r.s., uns document is being submitted business days to correct the attached articles of organization or application to transact Beingstary of STALLAHASSEE BY OF STALLAHASSEE in Florida. The name of the limited liability company is: I survived 2009 FIRST: The articles of organization or the application to transact business SECOND: (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: INcorrect Statement: Effective Date: Oct. 15,2009 Corrected Statement: Effective Date: SEPtember 15, 2009 OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Signature of a member or authorized representative of a member Typed or printed name of signee

\$25.00

\$30.00 (optional)

Filing Fee:

Certified Copy:

Electronic Articles of Organization For Florida Limited Liability Company

L09000089248 FILED 8:00 AM September 16, 2009 Sec. Of State tcline

Article I

The name of the Limited Liability Company is: I SURVIVED 2009, LLC

Article II

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

6792 A AVENUE ST. AUGUSTINE, FL. 32080

The mailing address of the Limited Liability Company is:

6792 A AVENUE ST. AUGUSTINE, FL. 32080

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:

RON A GINN 6792 A AVENUE ST. AUGUSTINE, FL. 32080

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: RON A. GINN

Article V

The name and address of managing members/managers are:

Title: MGRM RON A GINN 6792 A AVENUE

ST. AUGUSTINE, FL. 32080

Title: MGRM

REBECCA A BEASLEY

6792 A AVENUE ST. AUGUSTINE, FL. 32080

Title: MGRM JUDITH A GINN

6784 A AVENUE ST. AUGUSTINE, FL. 32080

Article VI

The effective date for this Limited Liability Company shall be: 10/15/2009

Signature of member or an authorized representative of a member

Signature: RON A. GINN

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