

LD9000092905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

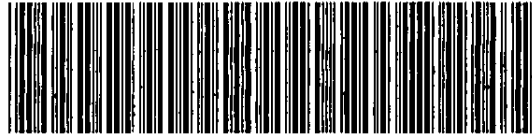
(Business Entity Name)

(Document Number)

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10/20/09--01026--

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*30.00
09 OCT 20 AM 10:18

FILED

N. Callahan OCT 21 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MASTER INTERNATIONAL HOLDING, 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:

DIANA MORRISON

Name of Person

MASTER INTERNATIONAL HOLDING, LLC

Firm/Company

19501 W COUNTRY CLUB DRIVE, STE 1015

Address

AVENTURA, FL 33180

City/State and Zip Code

MORRINSURANCE@GMAIL.COM

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

For further information concerning this matter, please call: *OR EMAIL*

*RISSOLUTIONS @
BELLSOUTH.NET*

S. SLEMP

Name of Person

at (954)

801-9553
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)

Inv # L09 0000 92905

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

09 OCT 20 AM 10:18

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. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
MASTER INTERNATIONAL HOLDING, 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:

NEED TO CHANGE/CORRECT THE NAME OF THE LLC FROM: MASTER

INTERNATIONAL HOLDING, LLC TO MORR INTERNATIONAL GROUP, LLC.

1st name was not accepted and had to change name quickly in order to complete

the filing, now finalizing the name of the company.

OR



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

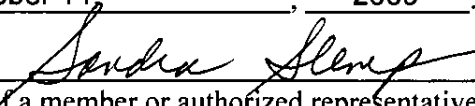
NEED TO CHANGE/CORRECT THE NAME OF THE LLC FROM: MASTER

INTERNATIONAL HOLDING, LLC TO MORR INTERNATIONAL GROUP, LLC.

1st name was not accepted and had to change name quickly in order to complete

the filing, now finalizing the name of the company.

Dated: October 14, 2009


Signature of a member or authorized representative of a member

SANDRA SLEMP

Typed or printed name of signee

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

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

L09000092905
FILED 8:00 AM
September 25, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
MASTER INTERNATIONAL HOLDING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
19501 W. COUNTRY CLUB DR.
SUITE 1015
AVENTURA, FL. 33180

The mailing address of the Limited Liability Company is:
19501 W. COUNTRY CLUB DR.
SUITE 1015
AVENTURA, FL. 33180

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:
DIANA MORRISON
19501 W. COUNTRY CLUB DR.
SUITE 1015
AVENTURA, FL. 33180

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: DIANA MORRISON

Article V

The name and address of managing members/managers are:

Title: MGRM
DIANA MORRISON
19501 WEST COUNTRY CLUB DRIVE, SUITE 1015
AVENTURA, FL. 33180

L09000092905
FILED 8:00 AM
September 25, 2009
Sec. Of State
jbryan

Signature of member or an authorized representative of a member

Signature: DIANA MORRISON