

L09000110318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

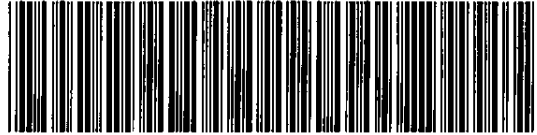
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FILED

09 DEC -3 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -4 2009

EXAMINER

CATALFAMO, EATON & DELISI, LLC
2000 PGA BLVD SUITE 3206
PALM BEACH GARDENS, FL 33408
561-296-5725
(FAX) 561-296-0816

DECEMBER 1, 2009

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: LOST ISLAES REPAIR, LLC
L09000110318

TO WHOM IT MAY CONCERN;

ENCLOSED PLEASE FIND ARTICLES OF CORRECTION FOR THE ABOVE
CAPTION LLC.

PLEASE BE ADVISED THAT THE CORPORATION NAME WAS MISSPLED
SHOULD BE
LOST ISLES REPAIR LLC.

PLEASE CORRECT THE MISTAKE.

THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER.

VERY TRULY YOURS,



MARTIN V. DELISI

FILED
09 DEC -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOST ISLAES REPAIR 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:

MARTIN V DELISI
Name of Person

CED FINANCIAL
Firm/Company

2000 PLA BLVD # 3006
Address

PALM BEACH GARDENS FL 33408
City/State and Zip Code

MVDELISI@CEDFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

FILED
09 DEC -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PAUL KANKMAN at (561) 315. 4808
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

**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:

Lost ISLES Repair LLC # L09000110318

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:

Should Be Lost ISLES Repair LLC

OR

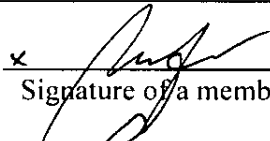


Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

09 DEC -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: _____

x 

Signature of a member or authorized representative of a member

PAUL KARKMAN

Typed or printed name of signee

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

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

L09000110318
FILED 8:00 AM
November 17, 2009
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

LOST ISLAES REPAIR LLC

Article II

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

7985 SE PEPPERCORN COURT
HOBE SOUND, FL. US 33455

The mailing address of the Limited Liability Company is:

7985 SE PEPPERCORN COURT
HOBE SOUND, FL. US 33455

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:

MARTIN DELISI
2000 PGA BLVD
3206
PALM BEACH GARDENS, FL. 33408

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: MARTIN V DELISI

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
PAUL KAUFMAN
7985 PEPPERCORN COURT
HOBE SOUND, FL. 334588 US

Title: MGR
ARMANDO ZAMORA JR
1401 VILLAGE BLVD APT 1026
WEST PALM BEACH, FL. 33409 US

Title: MGR
CHARLES SPALDING
904 MAGDALENA ROAD
PALM BEACH GARDENS, FL. 33410 US

Article VI

The effective date for this Limited Liability Company shall be:

11/16/2009

Signature of member or an authorized representative of a member

Signature: PAUL KAUFMAN

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FILED 8:00 AM
November 17, 2009
Sec. Of State
jbryan

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TALLAHASSEE, FLORIDA