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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 11 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JKMALUDA 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:

John W. Maluda

Name of Person

JKMALUDA LLC

Firm/Company

612 Old Welaka Road

Address

Welaka, FL 32193

City/State and Zip Code

jkmaluda@yahoo.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John W. Maluda

Name of Person

at ( 386 )

467-3108  
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

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: **JKMALUDA 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:

**Article IV.. delete Catherine A. Maluda as a MGRM A**

**Article IV should only have John W. Maluda as a MGRM**

**OR**

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

Dated: 5 January, 2010

Signature of a member or authorized representative of a member

John W. Maluda

Typed or printed name of signee

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L09000123298  
FILED 8:00 AM  
December 30, 2009  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
JKMALUDA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
612 OLD WELAKA ROAD  
WELAKA, FL. US 32193

The mailing address of the Limited Liability Company is:  
612 OLD WELAKA ROAD  
WELAKA, FL. US 32193

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS. WILL MAINLY BE A CONSULTING  
SERVICE IN THE INFORMATION TECHNOLOGY LINE.

**Article IV**

The name and Florida street address of the registered agent is:  
JOHN W MALUDA  
612 OLD WELAKA ROAD  
WELAKA, FL. 32193

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: JOHN W. MALUDA

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TALLAHASSEE, FLORIDA

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
JOHN W MALUDA  
612 OLD WELAKA ROAD  
WELAKA, FL. 32193 US

Title: MGRM  
CATHERINE A MALUDA  
612 OLD WELAKA ROAD  
WELAKA, FL. 32193 US

### **Article VI**

The effective date for this Limited Liability Company shall be:

01/01/2010

Signature of member or an authorized representative of a member

Signature: JOHN W. MALUDA

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Sec. Of State  
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