

L10000029630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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03/22/10--01024--008 **25.00

FILED

10 MAR 22 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

JAVED A. MOHAMED
P.O. BOX 297723
PEMBROKE PINES, FL 33029

SUBJECT: CPA PROFESSIONAL SERVICES, LLC
Ref. Number: L10000029630

We have received your document for CPA PROFESSIONAL SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A0000709

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 22 PM 4:17

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPA PROFESSIONAL SERVICES, 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:

JAVED A. MOHAMED

Name of Person

CPA PROFESSIONAL SERVICES, LLC

Firm/Company

P.O. BOX 297723

Address

PEMBROKE PINES, FL 33029

City/State and Zip Code

cpaserv@yahoo.com

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

For further information concerning this matter, please call:

Javed A Mohamed

Name of Person

at (954)

290-2960

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)

FILED
10 MAR 22 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
CPA PROFESSIONAL SERVICES, 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:

Registered Agent name is incorrect - should not be Sabeeya R. Mohamed.

Correct Registered Agent name should be Javed A Mohamed.

Manager/Member name is incorrect - Should not be Sabeeya R. Mohamed.

Correct Manager/Member name should be: Javed A. Mohamed.

~~OR~~ **AND**



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

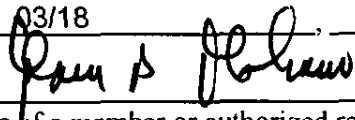
Signature of authorized representative of a member should not be Sabeeya

R. Mohamed.

Signature of authorized representative of a member should be: Javed A

Mohamed.

Dated: 03/18, 2010


Signature of a member or authorized representative of a member

Javed A. Mohamed

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

I hereby AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES
AS REGISTERED AGENT FOR SAID CORPORATION/LIMITED LIABILITY COMPANY.

Javed A. Mohamed 3/18/10

10 MAR 22 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L10000029630
FILED 8:00 AM
March 17, 2010
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:
CPA PROFESSIONAL SERVICES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
440 SW 181ST AVENUE
PEMBROKE PINES, FL. 33029

The mailing address of the Limited Liability Company is:
P.O. BOX 297723
PEMBROKE PINES, FL. 33029

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:
SABEEYA R MOHAMED
440 SW 181ST AVENUE
PEMBROKE PINES, FL. 33029

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: SABEEYA R. MOHAMED

Article V

L10000029630
FILED 8:00 AM
March 17, 2010
Sec. Of State
dbruce

..The name and address of managing members/managers are:

Title: MGRM
SABEEYA R MOHAMED
440 SW 181ST AVENUE
PEMBROKE PINES, FL. 33029

Article VI

The effective date for this Limited Liability Company shall be:

03/15/2010

Signature of member or an authorized representative of a member

Signature: SABEEYA R. MOHAMED