

L10000048687

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TALLAHASSEE, FLORIDA

J. BRYAN
MAY 11 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS Accounting, 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:

Marsha Stroub, CPA
Name of Person

MS CPA, LLC
Firm/Company

8409 SW 137 Avenue
Address

Miami, FL 33183
City/State and Zip Code

marshastroub@msn.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Marsha Stroub at (305) 385.1945 or 305.710.5005
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: **MS Accounting, 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:

Incorrect Stmt: MS ACCOUNTING, LLC

REASON: Incorrect Name

Correct Stmt: MS CPA, LLC

OR

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

Dated: May 06 , 2010

Signature of a member or authorized representative of a member

Marsha Stroub

Typed or printed name of signee

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

CR2E062 (08/05)

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

L10000048687
FILED 8:00 AM
May 06, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:
MS ACCOUNTING, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8409 SW 137TH AVE
MIAMI, FL. 33183

The mailing address of the Limited Liability Company is:
8409 SW 137TH AVE
MIAMI, FL. 33183

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:
MARSHA STROUB
8409 SW 137TH AVE
MIAMI, FL. 33183

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: MARSHA STROUB

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
MARSHA STROUB
8409 SW 137TH AVE
MIAMI, FL. 33183

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Article VI

The effective date for this Limited Liability Company shall be:

05/01/2010

Signature of member or an authorized representative of a member

Signature: MARSHA STROUB

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