11000051036

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Nume)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

G. MCLEOD NIV

MAY 21 2010

EXAMINER



400181022404

05/20/10--01042--001 **25.00

10 MAY 20 AM 10: 41

SECRETARY OF LIVING

COVER LETTER

	ion Section of Corporations	
SUBJECT:	NEW YORK CITY (N	YC),LLC
	Name of Limited Liability Co	ompany
Dear Sir or Madan	n:	
The enclosed Artic	eles of Correction and fee(s) are submitted for filing	,
Please return all co	orrespondence concerning this matter to the following	ng:
	Ollie Wigfall, CEO	_
	Name of Person	_
N	EW YORK CITY (NYC),LLC Firm/Company	_
1045 RIVE	RSIDE AVENUE, GROUND FLOOR Address	_
J	ACKSONVILLE, FL. 32204	
	City/State and Zip Code	- ·
E-mail addre	droaw@aol.com ss: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
	Vigfall / Elaine Maye at (917 Name of Person Area Co	882-4760 or(917) 846-9657 ode & Daytime Telephone Number
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	on rations enter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
\$25 Filing Fee	\$30 Filing Fee & \$55 Filing Fee &	\$60 Filing Fee,
T 427 I milg I of	Certificate of Status Certified Copy	Certificate of Status & Certified Copy
CR2E062 (08/05)		

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: NEW YORK CITY (NYC), LLC	_
<u>SECO</u>	ND: The articles of organization or the application to transact business	
(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	ı •
√	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE NUMBER 5 ON "THE ELECTRONIC ARTICLES OF ORGANIZATION."	<u>N</u>
	FOR FLORIDA LLC FORM WAS INCORRECT. THE CORRECT INFORMATION	<u> N</u>
	SHOULD BE LISTED AS FOLLOWS: TITLE: MGRM-NOT-MGR	
	ELAINE MAYE, ASSISTANT CEO - NOT- ELAINE N. MAYE, COO	_
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	i
Dated:	MAY 13 2010	
Duiou.	100	NSIN VISIN
	Signature of a member or authorized representative of a member	HAY 20
	Typed or printed name of signee	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

Electronic Articles of Organization For Florida Limited Liability Company

L10000051036 FILED 8:00 AM May 12, 2010 Sec. Of State dbruce

Article I

The name of the Limited Liability Company is: NEW YORK CITY (NYC),LLC

Article II

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

1045 RIVERSIDE AVENUE GROUND FLOOR JACKSONVILLE, FL. US 32204

The mailing address of the Limited Liability Company is:

1045 RIVERSIDE AVENUE GROUND FLOOR JACKSONVILLE, FL. US 32204

Article III

The purpose for which this Limited Liability Company is organized is:

THE VENUE WILL BE AN ARENA FOR WORKING CLASS RESIDENCE OF THE COMMUNITY OF RIVERSIDE AND THE SURROUNDING AREAS TO NETWORK FOR SOCIAL, EDUCATIONAL AND ARTISTIC INTERACTION. THE VENUE WILL PRESENT PATRONS WITH RESPECTFULL ENTERTAINMENT INCLUDI

Article IV

The name and Florida street address of the registered agent is:

OLLIE WIGFALL CEO 1045 RIVERSIDE AVENUE GROUND FLOOR JACKSONVILLE, FL. 32204

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: OLLIE WIGFALL

Article V

The name and address of managing members/managers are:

Title: MGRM OLLIE WIGFALL CEO 1045 RIVERSIDE AVENUE JACKSONVILLE, FL. 32204 US

Title: MGR ELAINE N MAYE COO 1045 RIVERSIDE AVENUE JACKSONVILLE, FL. 32204 US

Article VI

The effective date for this Limited Liability Company shall be: 05/05/2010

Signature of member or an authorized representative of a member Signature: OLLIE WIGFALL

L10000051036 FILED 8:00 AM May 12, 2010 Sec. Of State dbruce