

L10000051426

(Requestor's Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAY 26 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 26 PM 3:08



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 380533 7776007
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 26 PM 3:08

ORDER DATE : May 11, 2010
ORDER TIME : 9:41 AM
ORDER NO. : 380533-006
CUSTOMER NO: 7776007

DOMESTIC AMENDMENT FILING

NAME: SKYLINE OUTFITTERS, LLC

XX ARTICLES OF CORRECTION

*They know this address was changed via email but they want this correction to be part of their corporate record showing the original error (for banking purposes).

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: *They Tonn* *2940*
~~Carina L. Dunlap~~ -- EXT# ~~2951~~

EXAMINER'S INITIALS: _____

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 26 PM 3:08

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:
Skyline Outfitters, 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:
The original address for the principal place of business and mailing address

was listed incorrectly as 4160 STEAMBOAT BEND EAST #104

FT MYERS FL 33919 and should be listed as

2722 SKYLINE BLVD., UNIT 1 CAPE CORAL FL 33914

OR

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

Dated: May 25, 2010

/s/Catherine A. Papa

Signature of a member or authorized representative of a member
CATHERINE A. PAPA, Authorized Representative

Typed or printed name of signee

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

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

L10000051426
FILED 8:00 AM
May 12, 2010
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
SKYLINE OUTFITTERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4160 STEAMBOAT BEND EAST
#104
FT. MYERS, FL. 33919

The mailing address of the Limited Liability Company is:
4160 STEAMBOAT BEND EAST
#104
FT. MYERS, FL. 33919

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS. RETAIL SALES.

Article IV

The name and Florida street address of the registered agent is:
CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL. 32301

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: MICHELE L. ABBOTT

Article V

The name and address of managing members/managers are:

Title: MGRM
CATHERINE A PAPA
4160 STEAMBOAT BEND EAST #104
FT. MYERS, FL. 33919

Title: MGRM
JAMES PAPA
4160 STEAMBOAT BEND EAST #104
FT. MYERS, FL. 33919

Signature of member or an authorized representative of a member

Signature: CATHERINE A. PAPA

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