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SECRETARY OF STATE

C. LEWIS

JUN 1'8 2010

EXAMINER

COVER LETTER

TQ: Registration Section Division of Corporations	
VETERANO DENEETO O	IDDODT LL C
SUBJECT: VETERANS BENEFITS SU	
Name of Limited Liability Con	mpany
D 0' M 1 "	
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	g:
ROBIN ALFORD	
Name of Person	-
•	
VETERANS BENEFITS SUPPORT LLC	_
Firm/Company	
1970 E. OSCEOLA PARKWAY, SUITE #215	
Address	-
The street of th	3 10 1 min
KISSIMMEE, FL 34743	_
City/State and Zip Code	
osceolacountybail@yahoo.com	•
E-mail address: (to be used for future annual report notification)	···
•	
The state of the s	
For further information concerning this matter, please call:	
ROBIN ALFORD at (407	414-8232
	de & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
✓ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee &	\$60 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status & Certified Copy
	• •

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2010 JUN 17 PM 8: 46

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 ETARY OF STATE business days to correct the attached articles of organization or application to transact/business SSEE, FLORIDA in Florida.

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 ADDRESS L 1000006171 FROM: 2763 SCARBOROUGH DRIVE, KISSIMMEE, FL 34744
Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: INCORRECT ADDRESS L 1000006/7/
incorrect, and the corrected statement are as follows: INCORRECT ADDRESS L 1000006/7/
FROM: 2763 SCARBOROUGH DRIVE, KISSIMMEE, FL 34744
TO: 1970 E. OSCEOLA PARKWAY, SUITE #215, KISSIMMEE, FL 34743
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated: JUNE 14 2010 Signature of a member of authorized representative of a member ROBIN ALFORD Typed or printed name of signee
ryped of printed name of signee

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L10000061711 FILED 8:00 AM June 09, 2010 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: VETERANS BENEFITS SUPPORT LLC

Article II

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

2763 SCARBOROUGH DRIVE KISSIMMEE, FL. 34744

The mailing address of the Limited Liability Company is:

2763 SCARBOROUGH DRIVE KISSIMMEE, FL. 34744

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:

ROBIN ALFORD 2763 SCARBOROUGH DRIVE KISSIMMEE, FL. 34744

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: ROBIN ALFORD

Article V

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

Title: MGR ROBIN ALFORD 2763 SCARBOROUGH DRIVE KISSSIMMEE, FL. 34744 L10000061711 FILED 8:00 AM June 09, 2010 Sec. Of State nculligan

Article VI

The effective date for this Limited Liability Company shall be: 06/09/2010

Signature of member or an authorized representative of a member Signature: ROBIN ALFORD