

L10000084956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

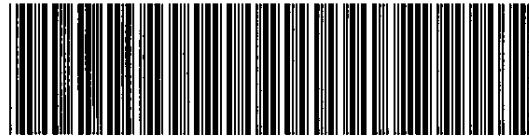
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600184525516

08/20/10--01012--003 \*\*25.00

FILED  
10 AUG 20 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN  
AUG 23 2010  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SISU STUFF 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:

Emilia Maxwell

Name of Person

SISU STUFF LLC

Firm/Company

41241 Silver Drive

Address

Umatilla FL, 32784

City/State and Zip Code

sisu.stuff@gmail.com

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

For further information concerning this matter, please call:

Emilia Maxwell

Name of Person

at ( 352 )

408-6551

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 AUG 20 PM 1:51  
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:  
SISU STUFF 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:

Article V - Managing - Add -

Barbara Maxwell, 41241 Silver Drive Umatilla FL, 32784

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: August 17, 2010

  
Signature of a member or authorized representative of a member

Emilia Maxwell

Typed or printed name of signee

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

**FILED**  
10 AUG 20 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L10000084956  
FILED 8:00 AM  
August 13, 2010  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
SISU STUFF, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
41241 SILVER DRIVE  
UMATILLA, FL. US 32784

The mailing address of the Limited Liability Company is:  
41241 SILVER DRIVE  
UMATILLA, FL. US 32784

**Article III**

The purpose for which this Limited Liability Company is organized is:  
TO SELL ANTIQUES & ARTWORK & COSTUMES

**Article IV**

The name and Florida street address of the registered agent is:  
EMILIA MAXWELL  
41241 SILVER DRIVE  
UMATILLA, FL. 32784

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: EMILIA MAXWELL

FILED  
10 AUG 20 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
EMILIA MAXWELL  
41241 SILVER DRIVE  
UMATILLA, FL. 32784 US

L10000084956  
FILED 8:00 AM  
August 13, 2010  
Sec. Of State  
tcline

**Article VI**

The effective date for this Limited Liability Company shall be:

08/13/2010

Signature of member or an authorized representative of a member

Signature: EMILIA MAXWELL

FILED  
10 AUG 20 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA