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EXAMINER



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COVER LETTER

Registration Section TO: **Division of Corporations** KOHREL INFORMATION SYSTEM MANAGEMENT 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: Karen D. Bovell Name of Person KOHREL Information Management Systems Firm/Company 426 Falcon Ave., Box 254172 Address Cocoa Beach FL 32925 City/State and Zip Code miraas31@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 223-3052 Karen Bovell Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations 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: \$60 Filing Fee, \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee &

CR2E062 (08/05)

Certificate of Status

Certified Copy

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 <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: KOHREL Information System Management			
<u>SECON</u>	<u>D</u> : The articles of organization or the application to transact business			
(CHE	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	TATEMEN	I	
i i	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: the company name should be: KOHREL Information Management			
<u> </u>	Please remove the following persons from the document: SMITH, VICTORIA;			
<u>-</u>	address should be 426 Falcon Ave., Box 254172, Cocoa Beach FL	32925	<u></u>	
<u>c</u>	<u>DR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
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-			<u>^.</u>	
Dated: (1 September 2010	No.	 5	
	Signature of a member or authorized representative of a member		dd.	
	Karen D Bovell			
	Typed or printed name of signee			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

Electronic Articles of Organization For Florida Limited Liability Company

L10000089421 FILED 8:00 AM August 25, 2010 Sec. Of State gmcleod

Article I

The name of the Limited Liability Company is:
KOHREL INFORMATION SYSTEM MANAGEMENT, LLC

Article II

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

426 FALCON AVE BOX 254172 PAFB, FL. 32925

The mailing address of the Limited Liability Company is:

426 FALCON AVE BOX 254172 PAFB, FL. 32925

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:

KAREN D BOVELL 426 FALCON AVE BOX 254172 PAFB, FL. 32925

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: KARENDBOVELL

Article V

The name and address of managing members/managers are:

Title: MGRM KAREN D BOVELL 426 FALCON AVE PAFB, FL. 32925

Title: MGRM VICTORIA SMITH 426 FALCON AVE PAFB, FL. 32925

Title: MGR DELETHIA NESBETH 426 FALCON AVEN PAFB, FL. 32925

Title: MGR YANQUE N GERMAN 426 FALCON AVEN PAFB, FL. 32925

Article VI

The effective date for this Limited Liability Company shall be: 10/01/2010

Signature of member or an authorized representative of a member Signature: KARENDBOVELL

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