

L1000001/6692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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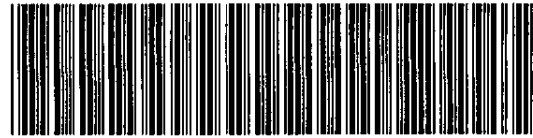
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Realty & Property 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:

Shawn Bolla
Name of Person

Prime Realty & Property Management
Firm/Company

14934 Salamander Place
Address

Tampa FL 33625
City/State and Zip Code

Prime Realty PM@gmail.com
E-mail address: (to be used for future annual report notification)

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10 NOV 18 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Shawn Bolla at (917) 579-0780
Name of Person 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

**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:
Prime Realty & Property Management

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 incorrect
Statement is the Effective Date 01/01/2011,
and the correct Statement should have
Effective Date of 11/15/2010

OR



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

Dated:

November 15, 2010.

Shawn Bolla
Signature of a member or authorized representative of a member

Shawn Bolla
Typed or printed name of signee

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

FILED
NOV 18 AM 11:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

L10000116692
FILED 8:00 AM
November 09, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:
PRIME REALTY & PROPERTY MANAGEMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is:
14934 SALAMANDER PLACE
TAMPA, FL. US 33625

The mailing address of the Limited Liability Company is:
14934 SALAMANDER PLACE
TAMPA, FL. US 33625

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:
SHAWN BOLLA
14934 SALAMANDER PLACE
TAMPA, FL. 33625

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: SHAWN BOLLA

Article V

The name and address of managing members/managers are:

Title: MGMR
SHAWN BOLLA
14934 SALAMANDER PLACE
TAMPA, FL. 33625 US

L10000116692
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November 09, 2010
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2011

Signature of member or an authorized representative of a member

Signature: SHAWN BOLLA