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SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 23 AM 10:23

N. Culligan NOV 24 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. A. Torbert 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:

Joy Torbert

Name of Person

J. A. Torbert LLC

Firm/Company

10296 NE 23rd Court

Address

Anthony, FL 32617

City/State and Zip Code

ALTORBERT@AOL.com

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

For further information concerning this matter, please call:

Joy Torbert

Name of Person

at (352) 368-7834

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)

**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:
J. A. Torbert 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 IV Incorrect.... MGR AL Torbert, MGRM Joy Torbert

I had the wrong understanding of what manager meant.

Correct..... MGRM Joseph A. Torbert

MGRM Zina J. Torbert

OR



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

Dated: November 19, 2010


Signature of a member or authorized representative of a member

Joy Torbert

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 23 AM 10:23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. A. Torbert LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

10296 NE 23rd Court

Anthony, FL 32617

Mailing Address:

10296 NE 23rd Court

Anthony, FL 32617

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joy Torbert

Name

10296 NE 23rd Court

Florida street address (P.O. Box NOT acceptable)

Anthony,

FL 32617

City, State, and Zip

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10 NOV 18 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.

Joy Torbert
Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Anthony, FL 32617

Anthony, FL 32617

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)