

L11000006619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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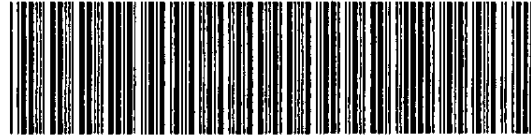
(Business Entity Name)

(Document Number)

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11 JAN 24 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SimMatrix, 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:

Peter Repak

Name of Person

SiMatrix, LLC

Firm/Company

2046 Shadow Ln

Address

Clearwater, FL 33763

City/State and Zip Code

prepak1@tampabay.rr.com

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

For further information concerning this matter, please call:

Peter Repak

Name of Person

at (727)

643-1781

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
11 JAN 24 PM 12:29
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:
 SimMatrix, 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:

Name was incorrectly filed with two "mm". It should read SiMatrix, LLC.

The above LLC name, SimMatrix, LLC is to be changed to SiMatrix, LLC.

OR

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

Dated: January 19th, 2011



Signature of a member or authorized representative of a member

Peter Repak

Typed or printed name of signee

Filing Fee: **\$25.00**

Certified Copy: **\$30.00 (optional)**

FILED
11 JAN 26 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L11000006619
FILED 8:00 AM
January 18, 2011
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

SIMMATRIX LLC

Article II

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

2046 SHDOW LN
CLEARWATER, FL. 33763

The mailing address of the Limited Liability Company is:

2046 SHDOW LN
CLEARWATER, FL. 33763

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:

PETER REPAK
2046 SHDOW LN
CLEARWATER, FL. 33763

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: PETER REPAK

Article V

The name and address of managing members/managers are:

Title: MGRM
PETER REPAK
2046 SHADOW LN
CLEARWATER, FL. 33763

Title: MGRM
FRED BREIER
1811 E. SEWARD ST.
TAMPA, FL. 33604

Title: MGRM
JOSZEF HIRKU
1799 N HIGHLAND AVE. T55
CLEARWATER, FL. 33755

L11000006619
FILED 8:00 AM
January 18, 2011
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: PETER REPAK

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.