# 11000008701

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B. KOHR

FEB - 9 2011

**EXAMINER** 



## **COVER LETTER**

	ration Section on of Corporations	
SUBJECT: _	SOCARRAS COMMERCIAI	L PAINTING LLC
	Name of Limited Liability C	Company
Dear Sir or Mad	dam:	
The enclosed A	rticles of Correction and fee(s) are submitted for filing	g.
Please return al	correspondence concerning this matter to the following	ing:
DIC	SDELTO NAPOLES SOCARRAS	
	Name of Person	<del></del>
	Firm/Company	
	20715 NW 41st AVENUE RD Address	_
	MIAMI GARDENS FL 33055 City/State and Zip Code	<del></del>
E-mail ad	DIOSDELTON@YAHOO.COM dress: (to be used for future annual report notification)	<del>)                                      </del>
For further info	rmation concerning this matter, please call:	•
DIOSDEL	TO NAPOLES SOCARRAS at ( 305 Name of Person Area C	) 834-3981 Code & Daytime Telephone Number
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a c	neck for the following amount:	
\$25 Filing Fe	te \$\begin{align*} \$30 \text{ Filing Fee & } & \begin{align*} \$55 \text{ Filing Fee & } & \text{Certified Copy} \end{align*}	2 \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08/0	5)	

# 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:  SOCARRAS COMMERCIAL PAINTING LLC			
SECO				
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT			
$\checkmark$	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  NAME CORRECTION FOR REGISTERED AGENT AND MANAGER MEMBER			
	AS FOLLOWS:			
	LAST NAME: NAPOLES SOCARRAS FIRST NAME: DIOSDELTO			
	CORRECTION WOULD SHOW: NAPOLES SOCARRAS, DIOSDELTO			
	<u>OR</u>			
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:			
Dated:	February 4th 2011			
	Signature of a member or authorized representative of a member			
	DIOSĎELTO NAPOLES SOCARRAS			
	Typed or printed name of signee			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)			

## Electronic Articles of Organization For Florida Limited Liability Company

L11000008701 FILED 8:00 AM January 21, 2011 Sec. Of State gharvey

#### **Article I**

The name of the Limited Liability Company is: SOCARRAS COMMERCIAL PAINTING LLC

#### Article II

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

20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. US 33055

The mailing address of the Limited Liability Company is:

20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. US 33055

#### **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:

DIOSDELTO N SOCARRAS 20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. 33055

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: DIOSDELTO N SOCARRAS

#### Article V

The name and address of managing members/managers are:

Title: MGRM DIOSDELTO N SOCARRAS 20715 NW 41ST AVENUE ROAD MIAMI GARDENS, FL. 33055 US L11000008701 FILED 8:00 AM January 21, 2011 Sec. Of State gharvey

Signature of member or an authorized representative of a member

Electronic Signature: DIOSDELTO N SOCARRAS

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.