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EXAMINER

SECRETARY OF STATE CORPORATIONS

11 FEB -7 PM 12: 27

COVER LETTER

Division of Corporations	`` •
SUBJECT: SOCARRAS HANDYMAN S	SERVICES LLC
Name of Limited Liability Co	ompany
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	ng:
DIOSDELTO NAPOLES SOCARRAS	_
Name of Person	
Firm/Company	_
00745 NW 44-4 AVENUE DD	
20715 NW 41st AVENUE RD Address	_
MIAMI GARDENS FL 33055	_
City/State and Zip Code	_
DIOSDELTON@YAHOO.COM E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
DIOSDELTO NAPOLES SOCARRAS at (305	834-3981
Name of Person Area Co	ode & 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 & S55 Filing Fee & Certificate of Status 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.

<u>FIRST</u>	The name of the limited liability company is: SOCARRAS HANDYMAN SERVICES LLC			
SECO	ND: The articles of organization or the application to transact business			
<u>(CH</u>	ECK 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 CORRECTION FOR REGISTERED AGENT AND MANAGER MEMBER			
	AS FOLLOWS:			
	LAST NAME: NAPOLES SOCARRAS FIRST NAME: DIOSDELTO			
	ORRECTION 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			
	DIOSDELTO 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

L11000011671 FILED 8:00 AM January 27, 2011 Sec. Of State btadlock

Article I

The name of the Limited Liability Company is: SOCARRAS HANDYMAN SERVICES 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 L11000011671 FILED 8:00 AM January 27, 2011 Sec. Of State btadlock

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.