

L11000023578

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11 MAR 30 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 31 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OR KING, 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:

David N. Morrison, Esq.

Name of Person

Wilson & Johnson

Firm/Company

2425 Tamiami Trail North, Site 211

Address

Naples, FL 34103

City/State and Zip Code

dnmorrison@naplesstatelaw.com

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

For further information concerning this matter, please call:

David N. Morrison

Name of Person

at ( 239 )

687 1992

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 MAR 30 PM 1:15  
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:  
OR KING, 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:

Manager of this limited liability company is Tired Management, LLC, a Florida

limited liability company. The Manager of Tired Management, LLC, is Tammy

Kipp. Bernard Turner and Rita Turner were mistakenly and incorrectly identified

as Managers of this limited liability company.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: March 23, 2011.

  
Signature of a member or authorized representative of a member

David N. Morrison  
Typed or printed name of signee

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

11 MAR 30 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L11000023578  
FILED 8:00 AM  
February 24, 2011  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
OR KING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
210 MOORING LINE DRIVE  
NAPLES, FL. 34102

The mailing address of the Limited Liability Company is:  
210 MOORING LINE DRIVE  
NAPLES, FL. 34102

**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:  
DAVID N MORRISON  
2425 TAMiami TRAIL NORTH  
SUITE 2  
NAPLES, FL. 34103

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: DAVID N. MORRISON

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### Article V

The name and address of managing members/managers are:

Title: MGR  
BERNARD TURNER  
210 MOORING LINE DRIVE  
NAPLES, FL. 34102

Title: MGR  
RITA TURNER  
210 MOORING LINE DRIVE  
NAPLES, FL. 34102

L11000023578  
FILED 8:00 AM  
February 24, 2011  
Sec. Of State  
gharvey

### Article VI

The effective date for this Limited Liability Company shall be:

02/23/2011

Signature of member or an authorized representative of a member

Electronic Signature: DAVID N MORRISON

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.

FILED  
11 MAR 30 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA