

L11000024840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400199193524

03/25/11--01032--002 \*\*25.00

FILED  
2011 MAR 25 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 28 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAINTED BY MIKE 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:

MICHAEL ROBINSON

Name of Person

PAINTED BY MIKE LLC

Firm/Company

3018 25TH ST, SW

Address

LEHIGH ACRES, FL 33976

City/State and Zip Code

MIKE30542@AOL.COM

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

2011 MAR 25 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

MICHAEL ROBINSON

Name of Person

at ( 239 )

645-6158  
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:  
PAINTED BY MIKE 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:

THE ZIP CODE IS SHOWN AS 33928 AND IT SHOULD BE CORRECTED TO

33976

**OR**



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

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

Dated: MARCH 23, 2011

Michael Robinson

Signature of a member or authorized representative of a member

MICHAEL ROBINSON

Typed or printed name of signee

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

2011 MAR 25 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L11000024840  
FILED 8:00 AM  
February 28, 2011  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:

PAINTED BY MIKE LLC

**Article II**

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

3018 25TH ST. SW  
LEHIGH ACRES, FL. 33928

The mailing address of the Limited Liability Company is:

3018 25TH ST. SW  
LEHIGH ACRES, FL. 33928

**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:

MICHAEL ROBINSON  
3018 25TH ST. SW  
LEHIGH ACRES, FL. 33928

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: MICHAEL ROBINSON

## Article V

The name and address of managing members/managers are:

Title: MGRM  
MICHAEL ROBINSON  
3018 25TH ST. SW  
LEHIGH ACRES, FL. 33928

L11000024840  
FILED 8:00 AM  
February 28, 2011  
Sec. Of State  
tcline

Signature of member or an authorized representative of a member

Electronic Signature: MICHAEL ROBINSON

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.