

L11000027676

(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



200196000531

04/07/11--01019--1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRY

APR - 8 2

EXAMIN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALONEXO, 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:

JUAN FRANCO

Name of Person

LATIN PROJECT, LLC

Firm/Company

PO BOX 1179

Address

HALLANDALE, FL 33008

City/State and Zip Code

JUAN@LATINPROJECT.COM

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

For further information concerning this matter, please call:

JUAN FRANCO

Name of Person

at (573) 452 8462

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

11 m.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION FOR

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:
ALONEXO, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENTS)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
CONTAINS AN ERROR WHEN NAMING LATIN PROJECT, LLC AS A MGR
WHEN IT SHOULD HAVE NAMED ALONEXO, LTC (a Panamanian Corpora
as its MGRM

OR

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

Dated: APRIL 5, 2011

Signature of a member or authorized representative of a member

JUAN FRANCO, for LATIN PROJECT, LLC

Typed or printed name of signee

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

CR2E062 (08/05)

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

L1100002767
FILED 8:00 A
March 07, 20
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

ALONEXO, LLC

Article II

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

4577 NOB HILL RD
206
SUNRISE, FL. 33351

The mailing address of the Limited Liability Company is:

PO BOX 1179
HALLANDALE, FL. 33008

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:

GARY M SINGER
4577 NOB HILL RD
206
SUNRISE, FL. 33351

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: GARY SINGER

11 APR - 1 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
LATIN PROJECT, LLC
PO BOX 1179
HALLANDALE, FL. 33008

L110000276
FILED 8:00 AM
March 07, 20
Sec. Of State
dbBruce

Signature of member or an authorized representative of a member

Electronic Signature: GARY SINGER

I am the member or authorized representative submitting these Articles of Organization and affirm 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 corporation and every year thereafter to maintain "active" status.

11 APR - 7 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA