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J. SAULS  
EXAM.  
MAR 15

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARK'S TRANSPORT 1 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:

MARK F. GELINAS  
Name of Person

MARK'S TRANSPORT 1 LLC  
Firm/Company

210 Cypress St.  
Address

Orlando, FL 32824  
City/State and Zip Code

dalkim02mom21@yahoo.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

mark Gelinas at (407) 437 1128  
Name of Person 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

**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:

Mark's Transport 1, 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:

It is NOT: MARK' TRANSPORT1LLC

It is: MARK'S TRANSPORT1LLC

**OR**



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

Dated: 3-9-11

  
Signature of a member or authorized representative of a member

Mark Gelinas

Typed or printed name of signee

**Filing Fee:**

**\$25.00**

**Certified Copy:**

**\$30.00 (optional)**

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