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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 12 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Audio-Video Solutions and Repair 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:

Myron Leavitt

Name of Person

Audio-Video Solutions and Repair LLC

Firm/Company

4147 Falcon Run Lane

Address

Middleburg, Fl. 32068

City/State and Zip Code

myronleavitt@comcast.net

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Myron Leavitt

Name of Person

at ( 904 )

505-4692

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:  
                                 **Audio-Video Solutions and Repair LLC**

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

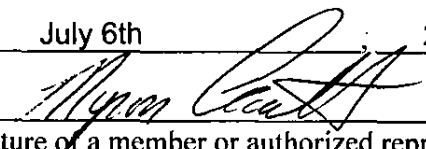
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Failed to put the managing member which should be Myron Leavitt and the  
manager, which should be Jennifer Leavitt.

**OR**

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

Dated: July 6th 2011

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Myron Leavitt

\_\_\_\_\_  
Typed or printed name of signee

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

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IN JUL 11 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L11000070260  
FILED 8:00 AM  
June 16, 2011  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
AUDIO-VIDEO SOLUTIONS AND REPAIRS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4147 FALCON RUN LANE  
MIDDLEBURG, FL. 32068

The mailing address of the Limited Liability Company is:  
4147 FALCON RUN LANE  
MIDDLEBURG, FL. 32068

**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:  
MYRON W LEAVITT  
4147 FALCON RUN LANE  
MIDDLEBURG, FL. 32068

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TALLAHASSEE, FLORIDA

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: MYRON W. LEAVITT

**Article V**

The effective date for this Limited Liability Company shall be:  
06/15/2011

Signature of member or an authorized representative of a member

Electronic Signature: MYRON W. LEAVITT

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.