

L11000080788

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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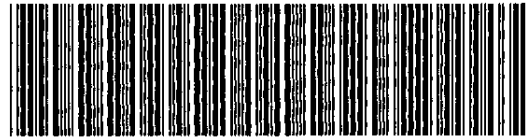
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11 AUG -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -3 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Molicarpentry,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:

Allan Molina
Name of Person

Molicarpentry,LLC
Firm/Company

5510 N HIMES AVE APT 2009
Address

TAMPA FL 33614
City/State and Zip Code

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

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11 AUG -2 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Allan Molina at (813) 447-5039
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

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:
Molicarpentry, 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 managing members names were inverted. Please correct to show managing
members name as follows: Allan Molina and Pilar Sifontes,also correct the
registered agent's name to show as follows: Allan Molina

OR

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

Dated: July 25, 2011

Signature of a member or authorized representative of a member

Allan Molina

Typed or printed name of signee

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

CR2E062 (08/05)

FILED
11 AUG -2 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L11000080788
FILED 8:00 AM
July 13, 2011
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
MOLICARPENTRY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5510 N HIMES AVE
2009
TAMPA, FL. 33614

The mailing address of the Limited Liability Company is:
5510 N HIMES AVE
2009
TAMPA, FL. 33614

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:
MOLINA ALLAN
5510 N HIMES AVE
2009
TAMPA FL, FL. 33614

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: ALLAN MOLINA

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
MOLINA ALLAN
5510 N HIMES AVE APT 2009
TAMPA, FL. 33614

Title: MGRM
SIFONTES PILAR
5510 N HIMES AVE APT 2009
TAMPA, FL. 33614

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FILED 8:00 AM
July 13, 2011
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

07/13/2011

Signature of member or an authorized representative of a member

Electronic Signature: ALLAN MOLINA

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.

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TALLAHASSEE, FLORIDA