

L11000096316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2011 SEP -9 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 12 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUMPER 2 BUMPER AUTO COLLISION, 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:

CARMEN M CORCUERA

Name of Person

BUMPER 2 BUMPER AUTO COLLISION, LLC

Firm/Company

3235 S.STATE RD 7

Address

WEST PARK, FL 33023

City/State and Zip Code

BUMPERTOBUMPER1@GMAIL.COM

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

For further information concerning this matter, please call:

CARMEN M CORCUERA

Name of Person

at (954-)

367-3924

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.

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TALLAHASSEE, FLORIDA

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FIRST: The name of the limited liability company is:
BUMPER 2 BUMPER AUTO COLLISION, 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:
I OWNER OR MANAGER OF BUMPER 2 BUMPER AUTO COLLISION FILLED
OUT THE PAPERS AND FORGOT TO ADD MYSELF TO THE ARTICLES, PLEA

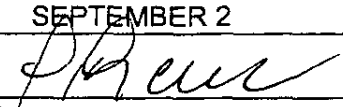
CORRECT AND ADD MY NAME TO THE ARTICLES .

<u>CARMEN M CORCUERA</u>	<u>MGR</u>	<u>CARLOS H CORCUERA</u>	<u>MGRM</u>
<u>9240 S.W. 49 ST</u>		<u>9240 S.W. 49 ST</u>	
<u>COOPER CITY, FL 33328</u>		<u>COOPER CITY, FL 33328</u>	

OR

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

Dated: SEPTEMBER 2, 2011


Signature of a member or authorized representative of a member

CARMEN M CORCUERA
Typed or printed name of signee

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUMPER 2 BUMPER AUTO COLLISION LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

CARMEN M CORCUERA
3235 S.STATE RD 7
WEST PARK, FL 33023

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CARMEN M CORCUERA

Name

9240 S.W. 49ST

Florida street address (P.O. Box **NOT** acceptable)

COOPER CITY, FL 33328MG

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 AUG 19 PM 3:32
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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CARLOS H CORCUERA

9240 S.W. 49 ST

COOPER CITY, FL 33328

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

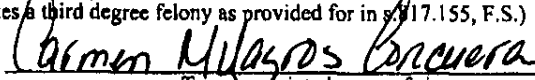
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 917.155, F.S.)



Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)