

L11000103492 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

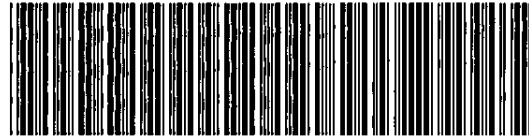
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 16 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Global FIS, 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:

Jessica J. Villanueva

Name of Person

Global FIS, LLC

Firm/Company

6601 Memorial Hwy - Suite 310

Address

Tampa, FL 33615

City/State and Zip Code

jimpappas2002@hotmail.com

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

For further information concerning this matter, please call:

Jessica J Ransky

Name of Person

at ( 813 )

409-5605  
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)

SECRET  
TALLAHASSEE, FLORIDA

11 SEP 15 PM 12:39

**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:  
Global FIS, LLC

L11 000103492

**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 MGRM and Registered Agent was listed as Jessica J Ransky. The correct  
name should be Jessica J. Villanueva.

The error was because Jessica J. Villanueva was recently married, as attached.

**OR**



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

Dated: September 13, 2011

X Jessica Villanueva  
Signature of a member or authorized representative of a member

Jessica J. Villanueva

Typed or printed name of signee

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

7148 LEMURIA CIR APT 1204  
NAPLES, FLORIDA 34109

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

09-1214

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>JORGE CARLOS VILLANUEVA</b>			2. DATE OF BIRTH (Month, Day, Year) <b>September 11, 1974</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAPLES</b>	3b. COUNTY <b>COLLIER</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>NEW JERSEY</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>JESSICA JANET RANSKY</b>		5b. MAIDEN SURNAME (if different) <b>RANSKY</b>		6. DATE OF BIRTH (Month, Day, Year) <b>March 24, 1978</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>NAP</b>	7b. COUNTY <b>COLLIER</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>NEW JERSEY</b>	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>October 02, 2009</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>October 02, 2009</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) 	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>COLLIER</b>	18. DATE LICENSE ISSUED <b>October 02, 2009</b>	18a. DATE LICENSE EFFECTIVE <b>October 05, 2009</b>	19. EXPIRATION DATE <b>November 30, 2009</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE 		20b. TITLE <b>DEPUTY CLERK</b>	20c. BY D.C. <b>GG</b>

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA			
21. DATE OF MARRIAGE (Month, Day, Year) <b>10-10-09</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Tampa Florida</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) 		23c. ADDRESS (Of person performing ceremony) <b>4825 Troydale Rd. Tampa, FL 33613</b>	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) <b>JAMES T. PAPPAS</b> Comm# DD0789844 Expires 5/26/2012		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) 	

SEAL

State of FLORIDA  
County of COLLIER

I HEREBY CERTIFY THAT THIS is a true and correct copy of a document recorded in the OFFICIAL RECORDS of COLLIER County WITNESS my hand and official seal this date **Sept-13-2011**  
DWIGHT E. BROCK, CLERK OF CIRCUIT COURT  
by: