

L11000 117268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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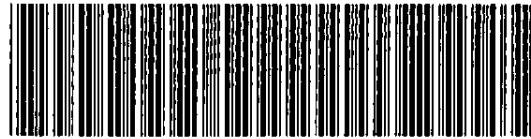
(Business Entity Name)

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2011 OCT 21 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 24 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LEMON LIME CATERING 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:

FRANK MANCINI

Name of Person

FIORELLO INCOME TAX SERVICE

Firm/Company

2710 POLK ST

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

FFIROMAN@AOL.COM

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

For further information concerning this matter, please call:

FRANK MANCINI

Name of Person

at ( 954 ) 922-1221

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:  
LEMON LIME CATERING 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

☒

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

NAME OF REGISTERED AGENT AND MANAGING MEMBER MISPELLED

REGISTERED AGENT WAS MAIME OKUR. SHOULD BE NAIME OKUR

MANAGING MEMBER WAS MAIME OKUR. SHOULD BE NAIME OKUR

SHOULD BE AN N NOT AN M

Dated: OCTOBER 19, 2011

*Frank Mancini*  
Signature of a member or authorized representative of a member

FRANK MANCINI

Typed or printed name of signer

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

FILED  
2011 OCT 21 PM 1:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

L11000117268  
FILED 8:00 AM  
October 13, 2011  
Sec. Of State  
clewis

**Article I**

The name of the Limited Liability Company is:  
LEMON LIME CATERING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
425 NW 100 TERRACE  
MIAMI, FL. 33150

The mailing address of the Limited Liability Company is:  
425 NW 100 TERRACE  
MIAMI, FL. 33150

**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:  
MAIME OKUR  
425 NW 100 TERRACE  
MIAMI, FL. 33150

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: MAIME OKUR

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2011 OCT 21 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article V

The name and address of managing members/managers are:

Title: MGR  
MAIME OKUR  
425 NW 100 TERRACE  
MIAMI, FL. 33150

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FILED 8:00 AM  
October 13, 2011  
Sec. Of State  
clewis

Signature of member or an authorized representative of a member

Electronic Signature: MAIME OKUR

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.

FILED  
2011 OCT 21 PM 1:39  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA