

L11000/24389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

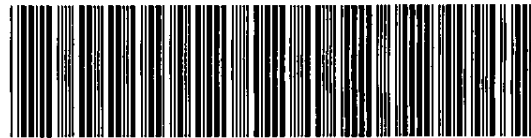
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300214343673

11/21/11--01043--025 **25.00

FILED
11 NOV 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 22 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: State Midigation Department
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:

Adam Rodgers

Name of Person

State Midigation Department

Firm/Company

822 Lake Ave North

Address

Delaray Beach FL 33483

City/State and Zip Code

adamrodgers20@yahoo.com

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

FILED
11 NOV 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Adam Rodgers

Name of Person

at (313)

758-9975

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:
State Mitigation Department

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 initial Articles of incorporation had "Mitigation" spelled wrong.

I would like to correct the spelling of the company name to

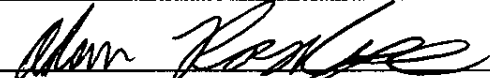
"State Mitigation Department"

OR



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

Dated: November 16th, 2011.


Signature of a member or authorized representative of a member

Adam Rodgers
Typed or printed name of signee

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

FILED
11 NOV 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L11000124389
FILED 8:00 AM
November 01, 2011
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
STATE MIDIGATION DEPARTMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is:
822 LAKE AVE N
DELRAY BEACH, FL. US 33483

The mailing address of the Limited Liability Company is:
822 LAKE AVE N
DELRAY BEACH, FL. US 33483

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:
ADAM K RODGERS
822 LAKE AVE N
DELRAY BEACH, FL. 33483

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: ADAM RODGERS

FILED
NOV 21 PM 2:20
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
ADAM K RODGERS
822 LAKE AVE N
DELRAY BEACH, FL. 33483 US

L11000124389
FILED 8:00 AM
November 01, 2011
Sec. Of State
thampton

Article VI

The effective date for this Limited Liability Company shall be:

11/01/2011

Signature of member or an authorized representative of a member

Electronic Signature: ADAM RODGERS

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
11 NOV 21 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA