

L1200000 1056

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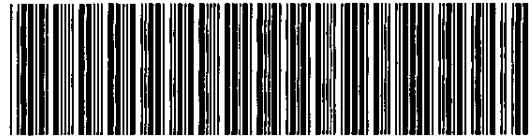
(Business Entity Name)

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2012 JAN 12 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 13 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neave Group Outdoor Solutions FL, 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:

Cort A. Neimark

Name of Person

Fowler White Burnett, P.A.

Firm/Company

100 S.E. Third Avenue, Suite 2100

Address

Fort Lauderdale, FL 33394

City/State and Zip Code

scott@neavegroup.com

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

For further information concerning this matter, please call:

Cort A. Neimark

Name of Person

at (954)

377-8144

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:
 Neave Group Outdoor Solutions FL, 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:
Name of Registered Agent is Len Schenker

OR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated: January 10, 2012

Cort A. Neimark
Signature of a member or authorized representative of a member

Cort A. Neimark
Typed or printed name of signee

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

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

L12000001056
FILED 8:00 AM
January 03, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
NEAVE GROUP OUTDOOR SOLUTIONS FL, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7491 N. FEDERAL HIGHWAY
SUITE C5-180
BOCA RATON, FL. 33487

The mailing address of the Limited Liability Company is:
80 AIRPORT DRIVE
WAPPINGERS FALLS, NY. US 12590

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

Article IV

The name and Florida street address of the registered agent is:
LEE SCHENKER
550 ALEXANDER PALM ROAD
BOCA RATON, FL. 33432

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: LEE SCHENKER

Article V

The name and address of managing members/managers are:

Title: MGRM
SCOTT W NEAVE
80 AIRPORT DRIVE
WAPPINGERS FALLS, NY. 12590

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January 03, 2012
Sec. Of State
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Signature of member or an authorized representative of a member

Electronic Signature: SCOTT W. NEAVE

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