

**L120000059986**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

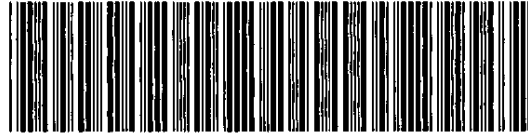
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**12 MAY -8 AM 11:26**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

MAY 09 2012

**EXAMINER**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVENTIBSIDER MANAGEMENT VGROUP 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:

Peter T. Flood

Name of Person

Peter T Flood Law

Firm/Company

125 N Airport RD Suite 202

Address

Naples, Florida 34104

City/State and Zip Code

pftlaw@gmail.com

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

**FILED**  
**12 MAY - 8 AM 11:26**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter T. Flood

Name of Person

at ( 239 )

263-2177

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:  
EVENTIBSIDER MANAGEMENT GROUP 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:  
Please correct the name of the LLC to the following:

EVENTINSIDER MANAGEMENT GROUP LLC

**OR**



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

Dated: 5-4-12

  
Signature of a member or authorized representative of a member

Pamela Obow

Typed or printed name of signee

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

FILED  
12 MAY - 8 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L12000059986  
FILED 8:00 AM  
May 03, 2012  
Sec. Of State  
kasaly

**Article I**

The name of the Limited Liability Company is:  
EVENTIBSIDER MANAGEMENT GROUP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
592 101ST AVE N E  
NAPLES, FL. 34108

The mailing address of the Limited Liability Company is:  
592 101ST AVE N E  
NAPLES, FL. 34108

**Article III**

The purpose for which this Limited Liability Company is organized is:  
CONSULTING

**Article IV**

The name and Florida street address of the registered agent is:  
PETER T FLOOD  
125 N AIRPORT ROAD  
SUITE 202  
NPALES, FL. 34104

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: PETER T. FLOOD

### **Article V**

The name and address of managing members/managers are:

Title: CEO  
TAMELA S O'BRIEN  
592 101ST AVE N E  
NAPLES, FL. 34018

L12000059986  
FILED 8:00 AM  
May 03, 2012  
Sec. Of State  
kasaly

### **Article VI**

The effective date for this Limited Liability Company shall be:

05/03/2012

Signature of member or an authorized representative of a member

Electronic Signature: TAMELA S O'BRIEN

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.