

**L120000065581**

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(Requestor's Name)

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(Address)

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

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(City/State/Zip/Phone #)

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**FILED**  
**12 MAY 17 AM 11:32**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

MAY 17 2012

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IPRAVICY 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:

GARY L MARSHALL

Name of Person

IPRIVACY, LLC

Firm/Company

12121 LITTLE ROAD 303

Address

HUDSON FL 34667

City/State and Zip Code

GARYM834@GMAIL.COM

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

FILED  
12 MAY 17 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GARY MARSHALL

Name of Person

at ( 727 ) 834 0274

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: IPRAVICY LLC (online now)

**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 PROPER SPELLING OF THE COMPANY NAME IS IPRIVACY, LLC

PLEASE CORRECT THE SPELLING OF COMPANY

**OR**



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

Dated: 5/16/2012

X [Signature]  
Signature of a member or authorized representative of a member

GARY MARSHALL

Typed or printed name of signee

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

FILED  
12 MAY 17 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**L12000065581  
FILED 8:00 AM  
May 15, 2012  
Sec. Of State  
clewis**

**Article I**

The name of the Limited Liability Company is:

IPRAVICY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

12121 LITTLE ROAD  
303  
HUDSON, FL. US 34667

The mailing address of the Limited Liability Company is:

9641 BUD ST.  
HUDSON, FL. 34669

**Article III**

The name and Florida street address of the registered agent is:

GARY L MARSHALL  
9641 BUD ST.  
HUDSON, FL. 34669

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: GARY L MARSHALL

#### **Article IV**

The name and address of managing members/managers are:

Title: MGRM  
GARY L MARSHALL  
9641 BUD ST  
HUDSON, FL. 34669 US

L12000065581  
FILED 8:00 AM  
May 15, 2012  
Sec. Of State  
clewis

#### **Article V**

The effective date for this Limited Liability Company shall be:

05/15/2012

Signature of member or an authorized representative of a member

Electronic Signature: GARY L MARSHALL

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.