

L12000123307

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12 OCT 15 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NUWAY MARKETING 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:

ARCHUNA KAPUR

Name of Person

NUWAY MARKETING LLC

Firm/Company

2452 ENTERPRISE ROAD

Address

CLEARWATER FL 33763

City/State and Zip Code

AKAPUR2@HOTMAIL.COM

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

For further information concerning this matter, please call:

ARCHUNA KAPUR

Name of Person

at ( 502 )

498-5400

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

**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:  
   **NUWAY MARKETING 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:

**SAK MARKETING LLC**

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


**OR**



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

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

Dated: 10/08/12, \_\_\_\_\_



Signature of a member or authorized representative of a member

**ARCHUNA KAPUR**

Typed or printed name of signee

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

**FILED**  
**12 OCT 15 PM 1:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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

L12000123307  
FILED 8:00 AM  
September 26, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
NUWAY MARKETING LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2452 ENTERPRISE ROAD  
2027  
CLEARWATER, FL. 33763

The mailing address of the Limited Liability Company is:  
4015 PACELLI PL  
LOUISVILLE, . 40245

**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:  
ARCHUNA KAPUR  
2452 ENTERPRISE ROAD  
2027  
CLEARWATER, FL. 33763

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: ARCHUNA KAPUR

## Article V

The name and address of managing members/managers are:

Title: MGR  
SUNJIIV KAPUR  
4015 PACELLI PL  
LOUISVILLE, KY. 40245

Title: MGR  
SUNJIIV KAPUR  
4015 PACELLI PL  
LOUISVILLE, KY. 40245

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SUNJIIV KAPUR  
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LOUISVILLE, KY. 40245

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jbryan

## Article VI

The effective date for this Limited Liability Company shall be:

09/26/2012

Signature of member or an authorized representative of a member

Electronic Signature: ARCHUNAKAPUR

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.