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EXAMINER	

I.

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TO: **Registration Section Division of Corporations** 

SUBJECT:

## Say It With Frosting, LLC

Name of Limited Liability Company

**COVER LETTER** 

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:

Patricia Sarfert

Name of Person

Say It With Frosting, LLC Firm/Company

3026 E Kingsfield Rd

Address

Pensacola, FL 32514

City/State and Zip Code

PensacolaCakes@gmail.com

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

For further information concerning this matter, please call:

Patricia Sarfert Name of Person

449-0908 850

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 S55 Filing Fee & Certified Copy

at (

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

#### FIRST: The name of the limited liability company is: Say It With Frosting, 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:

(	<u>D</u>	R

 $\checkmark$ 

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

The original paperwork was submitted to be effective January 2013. This

was done in error and should be corrected to show an immediate effective

.

date.

Dated:	20 October	2012	ALL	12 0	N.# 375
	Calleria adem		SVHV	CT 25	E T
	Signature of a member or authorized	representative of a member	ŗç,	PH	
Patricia Sarfert		- Flo	12:	$\bigcirc$	
	Typed or printed nar	ne of signee	IATE ORIDA	25	
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			

CR2E062 (08/05)

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# Say It With Frosting, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
3026 E Kingsfield Rd	3026 E Kingsfield Rd
Pensacola, FL 32514	Pensacola, FL 32514

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:	ASE 12
Daniel B. Sarfert Name	APPRI Ah FIL OCT 12 CRETARY LAHASSE
3026 E Kingsfield Rd	SEE
Florida street address (P.O. Box NOT acceptable)	
Pensacola <sub>FL</sub> 32514	
City, State, and Zip	

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 as provided for in Chapter 608, F.S.

red Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FFFECTIVE DATE 040113

**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Patricia A Sarfert 3026 E Kingsfield Rd Pensacola, FL 32514	

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:  $\frac{1/1/2013}{2}$ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Renature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document (in accordance with section 608.408(3), Florida Statutes, the execution of this document (in a constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) I am aware that any false information submitted in a document to the Department of Statem of the s

OCT 12 PM 4: 44

Patricia A Sarfert

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)