

L12000140052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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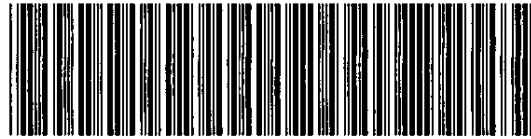
(Business Entity Name)

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12 NOV 21 AM 11:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan NOV 26 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Referral Broker, 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:

Memory Hopkins  
Name of Person

Referral Broker, LLC  
Firm/Company

18 Rycroft Ln  
Address

Palm Coast, FL 32164  
City/State and Zip Code

Memory.Hopkins@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Memory Hopkins at ( 386 ) 931- 9464  
Name of Person 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**

FILED

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.

12 NOV 21 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
Referral Broker, 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:

the designated representative, for this  
LLC, Memory Hopkins, should be the  
officer/director or Managing Member, not representative  
please make this change. This Memory Hopkins  
is a licensed real estate Broker & is making application w/ FL.  
OR  
DBPR

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

Dated: 11-20, 2012

Memory Hopkins  
Signature of a member or authorized representative of a member

Memory Hopkins  
Typed or printed name of signee

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

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

L12000140052  
FILED 8:00 AM  
November 05, 2012  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:  
REFERRAL BROKER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
18 RYECROFT LN.  
PALM COAST, FL. 32164

The mailing address of the Limited Liability Company is:  
18 RYECROFT LN.  
PALM COAST, FL. 32164

**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:  
MEMORY L HOPKINS  
18 RYECROFT LN.  
PALM COAST, FL. 32164

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: MEMORY HOPKINS

Signature of member or an authorized representative of a member

Electronic Signature: MEMORY HOPKINS

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.