

L12060146391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400242239564

11/30/12--01022--013 **25.00

FILED

12 NOV 30 PM 3:46

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC - 3 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

FRONLINE 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:

Wellington SUAREZ
Name of Person

FRONLINE LLC
Firm/Company

PO BOX 137582
Address

CLERMONT - FL - 34713
City/State and Zip Code

OWTRAVEL@HOTMAIL.COM

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

For further information concerning this matter, please call:

Wellington SUAREZ at (407) 219-7259
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

CR2E062 (08/05)

TALLAHASSEE, FLORIDA

12 NOV 30 PM 3:46

FILED

**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: FRONLINE LLC

SECOND: The articles of organization or the application to transact business

L12000146391

(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 CORRECT STATEMENT IS ATTACH TO THIS DOCUMENT.
ALSO FRONLINE LLC WILL BE EFFECTIVE 01/11/13.

OR



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

Dated: NOVEMBER 27, 2012


Signature of a member or authorized representative of a member

Wellington Suarez
Typed or printed name of signee

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

FILED
12 NOV 30 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORRECT STAMENT ✓

Florida Limited Liability Company

FRONLINE LLC

Filing Information

Document Number L12000146391

FEI/EIN Number NONE

Date Filed 11/20/2012

State FL

Status ACTIVE

Effective Date 11/15/2012

Principal Address

104 BERGAMO DRIVE
DAVENPORT FL 33837 UN

Mailing Address

PO BOX 137582

CLERMONT - FL - 34713

Registered Agent Name & Address

SUAREZ, WELLINGTON
104 BERGAMO DRIVE
DAVENPORT FL 33837 UN

Manager/Member Detail

Name & Address

Title MGR

SUAREZ, WELLINGTON

PO BOX 137582

CLERMONT - FL - 34713

ATT
WELLINGTON SUAREZ
407 219 7259

FILED
12 NOV 30 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L12000146391
FILED 8:00 AM
November 20, 2012
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
FRONLINE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
104 BERGAMO DRIVE
DAVENPORT, FL. UN 33837

The mailing address of the Limited Liability Company is:
PO BOX 136627
CLERMONT, FL. UN 34713

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:
WELLINGTON SUAREZ SR
104 BERGAMO DRIVE
DAVENPORT, FL. 33837

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: WELLINGTON SUAREZ

Article V

The name and address of managing members/managers are:

Title: MGR
WELLINGTON SUAREZ SR
PO BOX 136627
CLERMONT, FL. 34713 UN

L12000146391
FILED 8:00 AM
November 20, 2012
Sec. Of State
nculligan

Article VI

The effective date for this Limited Liability Company shall be:

11/15/2012

Signature of member or an authorized representative of a member

Electronic Signature: WELLINGTON SUAREZ SR

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.