# 112000156985

(Re	questor's Name)	
· (Ád	dress)	
(Ad	dress)	•
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	:

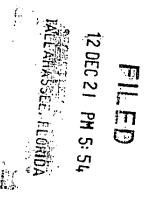
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B. BOSTICK
DEC **2 6** 2012
EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Sina investment LLC					
Name of	Limited Liability Co	mpany			
Dear Sir or Madam:					
The enclosed Articles of Correction and fee(s) are	submitted for filing.				
Please return all correspondence concerning this n	natter to the followin	g:			
Christopher Sinclair		_			
Name of Person					
Sina investment LLC					
Firm/Company		-			
Po Box 568					
Address					
		9.5	· 55		
Ocoee,Florida 34761				120	
City/State and Zip Code		-	23/1	030	-3
abrica 4 @aft or a are trafa alaina 1000@			C.	2	,
chriss4@cfl.rr.com /rafaelnina1980@c		_		-o	Ţ
E-man address. (to be used for future annual	report nouncation)			PH 5	
			2	5: 54	
For further information concerning this matter, ple	ease call:		S. T.	Ŧ-	
christopher sinclair	at (321	961-4631			
Name of Person	Area Co	de & Daytime Telephone Nu	ımber		
STREET/COURIER ADDRESS:		MAILING ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations	<b>L</b>		
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 323	14		
·					
Enclosed is a check for the following amount:					
□ \$25 Filing Fee  \$30 Filing Fee & Certificate of Status	S55 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 <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				ited liability ( ENT "LLC"	1 ,		L1200	<u>d5</u>	6989
<u>SECO</u>	<u>ND</u> :	The artic	les of organ	ization or the	e_application t	to transact busin	ness		
(CF	HECK TI	HE APPR	ROPRIATE I	BOX AND C	OMPLETE T	HE APPLICAB	LE STATEM	ENT	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  Articlel-Change Sina Investment LLC to Sina Investments "LLC",add the s.								_
	Article	I-The co	rrect spelli	ng of princi	pal city is Oc	coee and not C	Ocoee-dele	te O	_
	Article\	V-MGRM	first name	spelled inc	correct (Rapl	nael)-correct s	pelling (Rafa	ael)	-
	OR						·		-
				e manner in ve as follows:		ument was defe	etively signed	d and	-
								12 DE	-
Dated:	Decen	lar	Augure of a men	nber or autho	, 2012 prized represen	ntative of a men	nber DA	C 21 PH 5: 54	TITO
		<u>_C</u>	ristapher Ty	ped or printe	d name of sig	nee			
			F	iling Fee:	\$25.0	00	•		

Certified Copy:

\$30.00 (optional)

## Electronic Articles of Organization For Florida Limited Liability Company

L12000156985 FILED 8:00 AM December 17, 2012 Sec. Of State jbryan

#### Article I

The name of the Limited Liability Company is: SINA INVESTMENT "LLC"

#### **Article II**

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

2484 SWEET OAK ST OOCOEE, FL. 34761

The mailing address of the Limited Liability Company is:

PO BOX 568 OCOEE, FL. 34761

#### **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:

CHRISTOPHER SINCLAIR 2484 SWEET OAK ST OCOEE, FL. 34761

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: CHRISTOPHER SINCLAIR



#### Article V

The name and address of managing members/managers are:

Title: MGRM RAPHAEL R NINA 2690 KENDALL AVE KISSIMMEE, FL. 34744 US

Title: MGRM CHRISTOPHER C SINCLAIR 2484 SWEET OAK ST OCOEE, FL. 34761 US L12000156985 FILED 8:00 AM December 17, 2012 Sec. Of State jbryan

Signature of member or an authorized representative of a member

Electronic Signature: CHRISTOPHER SINCLAIR

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.