

# L12000161523

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

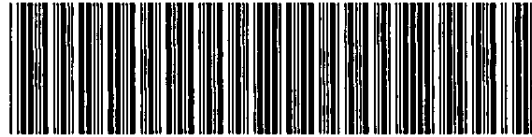
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -4 AM 11:23

JAN - 7 2013  
T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MNMF, LLC L12000161523

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:

Andy Scaglione

Name of Person

Firm/Company

3802 Ehrlich Rd, Suite 106

Address

Tampa, Florida 33624

City/State and Zip Code

ajstally@aol.com

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

For further information concerning this matter, please call:

James G. Farr, Esq.

Name of Person

at ( 813 ) 962-0548 x 309

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: MNMF, LLC  
L12000161523

**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 name of the company was misspelled. The correct spelling of the company name is:

ANMF, LLC

**OR**

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

Dated: December 31, 2012

James G. Farr, Esq

Signature of a member or authorized representative of a member

James G. Farr, Esq

Typed or printed name of signee

JAMES G. FARR  
1502 W. FLETCHER AVENUE  
SUITE 101  
TAMPA, FL 33612

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

FILED  
STATE  
OF FLORIDA  
13 JAN -4 AM 11:23

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

L12000161523  
FILED 8:00 AM  
December 28, 2012  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:  
MNMF, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
3802 EHRLICH RD  
SUITE 106  
TAMPA, FL. 33624

The mailing address of the Limited Liability Company is:  
3802 EHRLICH RD  
SUITE 106  
TAMPA, FL. 33624

**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:  
ANDY SCAGLIONE  
3802 EHRLICH RD  
SUITE 106  
TAMPA, FL. 33624

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: ANDY SCAGLIONE

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -4 AM 11:23

### Article V

The name and address of managing members/managers are:

Title: MGR  
ANDY SCAGLIONE  
3802 EHRLICH RD, SUITE 106  
TAMPA, FL. 33624

L12000161523  
FILED 8:00 AM  
December 28, 2012  
Sec. Of State  
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### Article VI

The effective date for this Limited Liability Company shall be:

12/28/2012

Signature of member or an authorized representative of a member

Electronic Signature: ANDY SCAGLIONE

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN - 4 AM 11:29