

LI 3000001223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

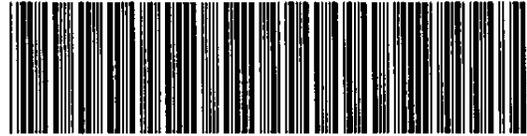
(Business Entity Name)

(Document Number)

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FILED
13 JAN 28 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 30 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phillip Whitten, 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:

Casey Wilson

Name of Person

12157 W Linebaugh Ave.

Firm/Company

Suite 322

Address

Tampa, FL 33626

City/State and Zip Code

cw@ascentiafe.com

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

For further information concerning this matter, please call:

Casey Wilson

Name of Person

at (813)

448-6558

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**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: PHILLIP WHITTEN, LLC

SECOND: The articles of organization or the application to transact business L13000001223

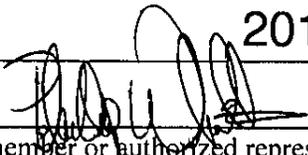
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The name of the LLC is incorrect. The correct name for the LLC
should be Philip Whitten with only one "l" in Philip. Please make the
same change for the MGRM name of Phillip Whitten. THESE WERE
BOTH MISTAKES MADE WHEN THE LLC ARTICELES
OR WERE FILED ON SDBIZ.

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

Dated: January 9 2013



Signature of a member or authorized representative of a member

Philip Whitten

Typed or printed name of signee

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

13 JAN 28 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L13000001223
FILED 8:00 AM
January 03, 2013
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
PHILLIP WHITTEN, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
18433 SNOWDONIA DR.
LAND O LAKES, FL. US 34638

The mailing address of the Limited Liability Company is:
18433 SNOWDONIA DR.
LAND O LAKES, FL. US 34638

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:
NMS CERTIFIED PUBLIC ACCOUNTANTS, INC.
35 DAVIS BLVD
SUITE 322
TAMPA, FL. 33606

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: BRIAN A. SEIFERT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
PHILLIP WHITTEN
18433 SNOWDONIA DR.
LAND O LAKES, FL. 34638 US

L13000001223
FILED 8:00 AM
January 03, 2013
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

01/03/2013

Signature of member or an authorized representative of a member

Electronic Signature: CASEY WILSON

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
13 JAN 28 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2013

CASEY WILSON
12157 W. LINEBAUGH AVENUE
SUITE 322
TAMPA, FL 33626

SUBJECT: PHILLIP WHITTEN, LLC
Ref. Number: L13000001223

FILED
13 JAN 28 PM 5:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PHILLIP WHITTEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the "FIRST" question

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 613A00001014