

L13000022056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

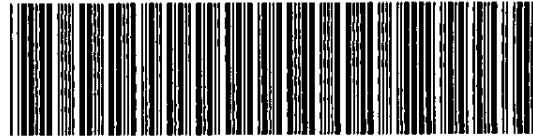
(Business Entity Name)

(Document Number)

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FILED  
2013 FEB 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan FEB 18 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LCD Financial Service, 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:

Leslie Badder

Name of Person

LCD Financial Service, LLC

Firm/Company

216 Palmetto Dunes Circle

Address

Naples, FL 34113

City/State and Zip Code

leslie@lcdfinancialservice.com

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

For further information concerning this matter, please call:

Leslie Badder

Name of Person

at 239 465-0239

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:  
LCD FINANCIAL SERVICE 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:

NEED TO NAME MANAGING MEMBER AND ADDRESS

MGRM LESLIE A BADDER

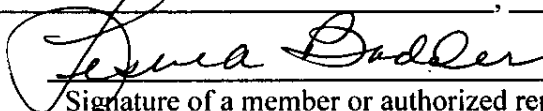
216 PALMETTO DUNES CIRCLE, NAPLES, FL 34113

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: FEBRUARY 12, 2013



Signature of a member or authorized representative of a member

LESLIE A BADDER

Typed or printed name of signee

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

2013 FEB 15 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L13000022056  
FILED 8:00 AM  
February 12, 2013  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
LCD FINANCIAL SERVICE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
216 PALMETTO DUNES CIRCLE  
NAPLES, FL. US 34113

The mailing address of the Limited Liability Company is:  
216 PALMETTO DUNES CIRCLE  
NAPLES, FL. US 34113

**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:  
LESLIE A BADDER MS.  
216 PALMETTO DUNES CIRCLE  
NAPLES, FL. 34113

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: LESLIE A BADDER

Signature of member or an authorized representative of a member

Electronic Signature: LESLIE A BADDER

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.