

L13000039014

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 19 PM 1:12

MAR 20 2013

T. HARPER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLAT LINER ADVENTURES L.L.C.

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:

CHARLENE DUECK

Name of Person

INGALLS ASSOCIATES PA CPAS

Firm/Company

3495 FIFTH AVENUE N

Address

ST PETERSBURG FL 33713

City/State and Zip Code

cpas@ingallscpa.com

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

For further information concerning this matter, please call:

CHARLENE DUECK at (727) 327-0406

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

**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:
FLAT LINER ADVENTURE L.L.C.

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:

NAME ENTERED INCORRECTLY WITHOUT THE S AT THE END OF ADVENTURES.

SHOULD BE: FLAT LINER ADVENTURES L.L.C.

OR

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

Dated: MARCH 15, 2013

Kerry Borrego
Signature of a member or authorized representative of a member
KERRY BORREGO

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 19 PM 1:12

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

L13000039014
FILED 8:00 AM
March 14, 2013
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

FLAT LINER ADVENTURE L.L.C.

Article II

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

2138 WRENS WAY
#509
CLEARWATER, FL. 33764

The mailing address of the Limited Liability Company is:

2138 WRENS WAY
#509
CLEARWATER, FL. 33764

Article III

The purpose for which this Limited Liability Company is organized is:

CHARTER ADVENTURES

Article IV

The name and Florida street address of the registered agent is:

KERRY BORREGO
2138 WRENS WAY
CLEARWATER, FL. 33764

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: KERRY BORREGO

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DIVISION OF CORPORATIONS
13 MAR 19 PM 1:12

Article V

The name and address of managing members/managers are:

Title: MGRM
JOSE BORREGO
2138 WRENS WAY
CLEARWATER, FL. 33764

Title: MGRM
KERRY BORREGO
2138 WRENS WAY
CLEARWATER, FL. 33764

L13000039014
FILED 8:00 AM
March 14, 2013
Sec. Of State
nculligan

Signature of member or an authorized representative of a member

Electronic Signature: KERRY BORREGO

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 MAR 19 PM 1:12