

L130000 45260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

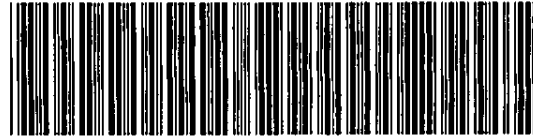
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200246378192

04/05/13--01010--007 \*\*30.00

FILED  
2013 APR -5 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 8 2013

J. BRYAN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Meladont's + consultants 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:

Knut E Werpen  
Name of Person

Meladont's + consultants llc  
Firm/Company

275 Washington Ave  
Address

Englewood FL 34223  
City/State and Zip Code

KnutW@wmpbg.com  
E-mail address: (to be used for future annual report notification)

FILED  
2013 APR -5 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Knut E Werpen at ( 904 ) 501-3014  
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:

Megalodontist Consultants 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:

MEGALODONTIST CONSULTANTS LLC

Please make the correction in  
Spelling thanks ;

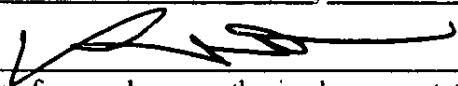
**OR**



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

Dated:

KNU + E Werpen  
04-02-13

  
Signature of a member or authorized representative of a member

KNU + E Werpen

Typed or printed name of signee

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

2013 APR -5 PM 1:27  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

L13000045260  
FILED 8:00 AM  
March 27, 2013  
Sec. Of State  
bkohr

**Article I**

The name of the Limited Liability Company is:  
MELALODONTIST CONSULTANTS LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
275 WASHINGTON AVE  
ENGLEWOOD, FL. 34223

The mailing address of the Limited Liability Company is:  
275 WASHINGTON AVE  
ENGLEWOOD, FL. 34223

**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:  
KNUT E WERPEN PRES  
275 WASHINGTON AVE  
ENGLEWOOD, FL. 34223

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: KNUT E WERPEN

FILED  
2013 APR -5 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
BRITTANY A OCONNOR VICE PR  
275 WASHINGTON AVE  
ENGLEWOOD, FL. 34223

L13000045260  
FILED 8:00 AM  
March 27, 2013  
Sec. Of State  
bkohr

### **Article VI**

The effective date for this Limited Liability Company shall be:

03/25/2013

Signature of member or an authorized representative of a member

Electronic Signature: KNUT E WERPEN

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  
2013 APR -5 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA