

L130000053330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

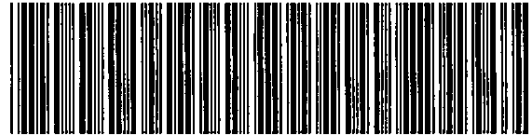
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 MAY 28 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 29 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Group 27 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:

Clark Williams

Name of Person

Group 27 LLC

Firm/Company

156 Carlyle Dr.

Address

Palm Harbor, FL 34683

City/State and Zip Code

clarkwilliams27@gmail.com

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

For further information concerning this matter, please call:

Clark Williams

Name of Person

at (727) 580-0339

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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$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.

L13000053330

FIRST: The name of the limited liability company is: Group 27 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:

Title of manager was selected in error.
Currently is "MGRM" should be
"MGR".

OR



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

Dated: 5/24/13


Signature of a member or authorized representative of a member

Clark Williams

Typed or printed name of signee

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

13 MAY 28 PM 3:07

FILED

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

L13000053330
FILED 8:00 AM
April 11, 2013
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
GROUP 27 LLC

Article II

The street address of the principal office of the Limited Liability Company is:
156 CARLYLE DR.
PALM HARBOR, FL. 34683

The mailing address of the Limited Liability Company is:
156 CARLYLE DR.
PALM HARBOR, FL. 34683

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:
CLARK WILLIAMS
156 CARLYLE DR.
PALM HARBOR, FL. 34683

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: CLARK WILLIAMS

Article V

The name and address of managing members/managers are:

Title: MGRM
CLARK WILLIAMS
156 CARLYLE DR.
PALM HARBOR, FL. 34683

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FILED 8:00 AM
April 11, 2013
Sec. Of State
gmcleod

Signature of member or an authorized representative of a member

Electronic Signature: CLARK WILLIAMS

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.