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2013 JUN 25 PM 3: 43
SECRETARY OF STATE ARBITA



JUN 26 2013 J. BRYAN

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Kyle Allen Passkiewicz, | LLC |
| Name of Limited Liability Con | |
| 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 | |
| Kyle Passt: ewicz Name of Person | 2013 JUN 25 PH 3: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Kyle Alan Passkiewicz Firm/Company | PH. |
| 3) 21 Opent Station Ct S | 3: 43 |
| SCICSCOUILLE FL 30017 City/State and Zip Code | - |
| E-mail address: (to be used for future armual report notification) | <u> </u> |
| For further information concerning this matter, please call: | |
| Name of Person at (QM) Area Coo | de & 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 \$\text{Certificate of Status}\$ \$55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

CR2E062 (4/13)



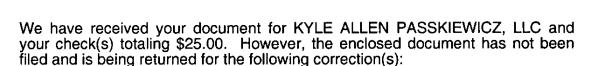
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2013

KYLE PASSKIEWICZ KYLE ALAN PASSKIEWICZ 3721 DUPONT STATION CT S JACKSONVILLE, FL 32217

SUBJECT: KYLE ALLEN PASSKIEWICZ, LLC

Ref. Number: L13000079809



Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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.

Joey Bryan Regulatory Specialist II

Letter Number: 213A00015272

| 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: Kyle Alan Passiciewicz, CLC |
| 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: |
| Should be kyle Alan Passkiewicz, LLC |
| NOT Kyle Allen Passkiewicz, LLC |
| OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: |
| |
| Dated: |
| Typed or printed name of signee |
| |

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L13000079809 FILED 8:00 AM June 03, 2013 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: KYLE ALLEN PASSKIEWICZ, LLC

Article II

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

3721 DUPONT STATION COURT S JACKSONVILLE, FL. 32217

The mailing address of the Limited Liability Company is:

3721 DUPONT STATION COURT S JACKSONVILLE, FL. 32217

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:

KYLE A PASSKIEWICZ 3721 DUPONT STATION COURT S JACKSONVILLE, FL. 32217

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: KYLE ALLEN PASSKIEWICZ

Article V

The name and address of managing members/managers are:

Title: MGR KYLE A PASSKIEWICZ 3721 DUPONT STATION COURT S JACKSONVILLE, FL. 32217

Title: MGRM KAPASS CORP 3721 DUPONT STATION COURT S JACKSONVILLE, FL. 32217 L13000079809 FILED 8:00 AM June 03, 2013 Sec. Of State jbryan

Article VI

The effective date for this Limited Liability Company shall be:

06/03/2013

Signature of member or an authorized representative of a member

Electronic Signature: KYLE PASSKIEWICZ

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

BOTH 3: 43

SECRETERY OF STATE