

L13000094122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

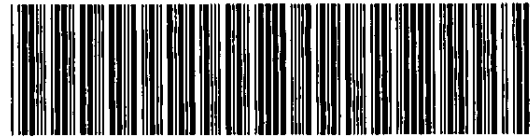
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 12 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SHIVSHAKTI ONC 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:

**PRAVIN PARMAR**

Name of Person

**KRM FINANCIAL SERVICES LTD**

Firm/Company

**2300 N. BARRINGTON RD ST 400**

Address

**HOFFMAN ESTATES, IL 60169**

City/State and Zip Code

**PPARMAR@KRMTAX.COM**

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**PRAVIN PARMAR**

Name of Person

at ( **847** ) **519-7207**

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:  
SHIVSHAKTI ONC 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:

ARTICLES WAS FILED ONLINE WITH INCORRECT NAME .

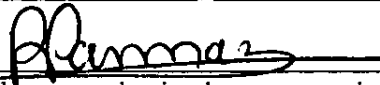
INCORRECT NAME : SHIVSHAKTI ONC LLC - ARTICLES ATTACHED.

PLEASE CORRECT NAME : SHIVSHAKTI ONE LLC

**OR**

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

Dated: 8TH OF JULY, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PRAVIN PARMAR, CPA

\_\_\_\_\_  
Typed or printed name of signee

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

2013 JUL 11 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L13000094122  
FILED 8:00 AM  
July 01, 2013  
Sec. Of State  
jshivers

**Article I**

The name of the Limited Liability Company is:

**SHIVSHAKTI ONC LLC**



SHOULD BE 'SHIVSHAKTI ONE LLC'

**Article II**

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

5012 PINETREE CIRCLE  
LABELLE, FL. US 33935

The mailing address of the Limited Liability Company is:

5012 PINETREE CIRCLE  
LABELLE, FL. US 33935

**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:

THAKOR PATEL  
5012 PINETREE CIRCLE  
LABELLE, FL. 33935, US

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: THAKOR PATEL.

**Article V**

- The name and address of managing members/managers are:

Title: MGRM  
THAKOR PATEL  
5012 PINETREE CIRCLE  
LABELLE, FL. 33935 US

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FILED 8:00 AM  
July 01, 2013  
Sec. Of State  
jshivers

**Article VI**

The effective date for this Limited Liability Company shall be:

07/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: THAKOR PATEL

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.