

L1300012676A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

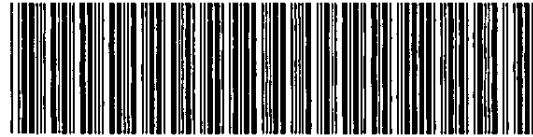
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/20/13--01027--009 **25.00

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13 SEP 20 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burch OCT 15 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TEK SYSTEMS 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:

DEL SHARABI

Name of Person

TEK SYSTEMS LLC

Firm/Company

111711 Springflower place

Address

Boca raton, fl 33428

City/State and Zip Code

del@teksystemsllc.com

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

For further information concerning this matter, please call:

del sharabi

Name of Person

at (**561**) **8268525**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2013

DEL SHARABI
111711 SPRINGFLOWER PLACE
BOCA RATON, FL 33428

SUBJECT: TEK SYSTEMS LLC
Ref. Number: L13000126769

We have received your document for TEK SYSTEMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 513A00022460

**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:
TEK SYSTEMS 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:

The manager/member detail were left blank,

It should read the name and the address as follows

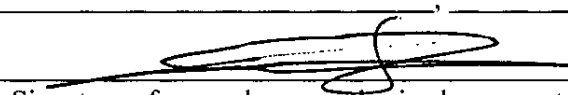
DEL SHARABI,

11711 springflower place. Boca Raton, FL 33428

OR

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

Dated: 09/12, 2013



Signature of a member or authorized representative of a member

del sharabi

Typed or printed name of signee

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

FILED
13 SEP 20 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L13000126769
FILED 8:00 AM
September 09, 2013
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:

TEK SYSTEMS LLC

Article II

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

11711 SPRINGFLOWER PL
BOCA RATON, FL. 33428

The mailing address of the Limited Liability Company is:

11711 SPRINGFLOWER PL
BOCA RATON, FL. 33428

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:

DEL SHARABI
11711 SPRINGFLOWER PL
BOCA RATON, FL. 33428

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: DEL SHARABI

Article V

The effective date for this Limited Liability Company shall be:

09/15/2013

Signature of member or an authorized representative of a member

Electronic Signature: DEL SHARABI

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.