

L13000129730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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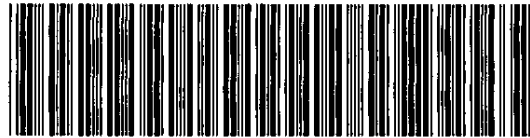
(Business Entity Name)

(Document Number)

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2013 SEP 30 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT - 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port Salerno Haunts 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:

Lyssa Phifer

Name of Person

Lyssa Phifer CPA

Firm/Company

3727 SE Ocean Blvd., Ste 201

Address

Stuart, FL 34996

City/State and Zip Code

lyssa.phifer@lyssaphifercpa.com

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

For further information concerning this matter, please call:

Samantha Bodie

Name of Person

at (772) 233-4448

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:
Port Salerno Haunts 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 street address of the principal office and the mailing office of the LLC are

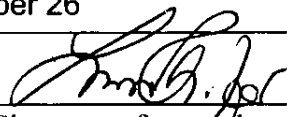
The correct address is 5663 SE Mitzi Lane, Stuart, FL 34997.

Article V: Additional Managing Member Patricia Mesmer, 5663 SE Mitzi Lane
34996 does not appear.

OR

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

Dated: September 26, 2013



Signature of a member or authorized representative of a member

Lyssa Phifer

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

**L13000129730
FILED 8:00 AM
September 13, 2013
Sec. Of State
dbutler**

Article I

The name of the Limited Liability Company is:
PORT SALERNO HAUNTS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4110 SE SALERNO ROAD
STUART, FL. 34997

The mailing address of the Limited Liability Company is:
4110 SE SALERNO ROAD
STUART, FL. 34997

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:
LYSSA PHIFER CPA
3727 SE OCEAN BLVD.
SUITE 201
STUART, FL. 34996

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: LYSSA PHIFER CPA

Article V

The name and address of managing members/managers are:

- Title: MGR
- MARGARET ARBOUR
- 4380 SE TALL PINES AVE
- STUART, FL. 34997

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FILED 8:00 AM
September 13, 2013
Sec. Of State
dbutler

Article VI

The effective date for this Limited Liability Company shall be:

09/09/2013

Signature of member or an authorized representative of a member

Electronic Signature: LYSSA PHIFER

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.