13000/42282

| (Requestor's Name) | _ |
|---|---|
| (Address) | _ |
| | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |

Office Use Only



900252689559

10/21/13--01029 -011 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

OCT 23 2013 T CLINE

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|---|--|-----|
| SUBJECT: Siladke Cabinetry ! | Design LLC | | |
| Name of Limited Liability Co | ▼ | | |
| 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 | og: | | |
| Blair M Siladke Name of Person | | | |
| Firm/Company | - | | |
| 4300 S. Jog Road # 540573 | | 100 100 110 110 110 110 110 110 110 110 | f (|
| JAddress | | 至 | (|
| Lake Worth, FL 33454 City/State and Zip Code | _ | MARY D | ı |
| Siladke Cabinetry & gmail com E-mail address: (to be used for future annual report notification) | _ | THE STATE | |
| For further information concerning this matter, please call: | | | |
| Blair M Siladke at (561 Area C | 729 - 2769 ode & 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 Certificate of Status S55 Filing Fee & Certified Copy | □ \$60 Filing Fee, Certificate of Status & Certified Copy | | |

CR2E062 (4/13)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| FIRST | The name of the limited liability company is: Siladke Cabinetry & Design UC |
|--------|---|
| SECO | J |
| (CH | CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT |
| X | ontains an incorrect statement. The incorrect statement, the reason the statement is accorrect, and the corrected statement are as follows: |
| | The title is listed as MGR under Manager/Member Detai |
| | according to my banking institute - this needs to be = |
| | according to my banking institute - this needs to be = listed as Managing Member showing ownership. 3 |
| | DR SAY |
| | Vas defectively signed. The manner in which the document was defectively signed and are appropriate correction are as follows: |
| | |
| | |
| Dated: | October 15th 2013. |
| | Signature of a member or authorized representative of a member |
| | Blair M Siladke Typed or printed name of signee |
| | Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) |

Electronic Articles of Organization For Florida Limited Liability Company

L13000142282 FILED 8:00 AM October 09, 2013 Sec. Of State thampton

Article I

The name of the Limited Liability Company is: SILADKE CABINETRY & DESIGN LLC

Article II

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

699 MANATEE BAY DRIVE BOYNTON BEACH, FL. 33435

The mailing address of the Limited Liability Company is:

4300 S. JOG ROAD # 540573 LAKE WORTH, FL. 33454

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:

BLAIR M SILADKE 4300 S. JOG ROAD # 540573 LAKE WORTH, FL. 33454

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: BLAIR M SILADKE

Article V

The name and address of managing members/managers are:

Title: MGR BLAIR M SILADKE 4300 S. JOG ROAD # 540573 LAKE WORTH, FL. 33454 L13000142282 FILED 8:00 AM October 09, 2013 Sec. Of State thampton

Signature of member or an authorized representative of a member

Electronic Signature: BLAIR M SILADKE

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.