

L13000160145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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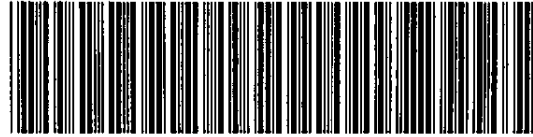
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOV 25 2013
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Whips 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:

Chayla Archambault
Name of Person

Specialty Whips LLC
Firm/Company

7362 Futures Drive #22
Address

Orlando FL 32819
City/State and Zip Code

dantechayla@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dante Spitalieri at (407) 450 0132
Name of Person 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

CR2E062 (4/13)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Specialty Whips 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:

Article V, forgot to add myself, Chayla
(Registered Agent)
Archambault, as a Managing member.

ADD:

Article V Title: MGRM

Chayla Archambault
11626 crescent pines Blvd
OR clermont FL 34711



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

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STATE CLERK OF STATE
ALLAHASSEE FLORIDA

Dated: November 17, 2013



Signature of a member or authorized representative of a member

Chayla Archambault
Typed or printed name of signee

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

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

L13000160145
FILED 8:00 AM
November 14, 2013
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:
SPECIALTY WHIPS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7362 FUTURES DR
22
ORLANDO, FL. 32836

The mailing address of the Limited Liability Company is:
7362 FUTURES DR
22
ORLANDO, FL. 32836

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:
CHAYLA R ARCHAMBAULT
11626 CRESCENT PINES BLVD
CLERMONT, FL. 34711

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: CHAYLA ARCHAMBAULT

Article V

The name and address of managing members/managers are:

Title: MGRM
SPITALIERI DANTE
5812 WINDHOVER DR
ORLANDO, FL. 32819

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November 14, 2013
Sec. Of State
gharvey

Article VI

The effective date for this Limited Liability Company shall be:

11/14/2013

Signature of member or an authorized representative of a member

Electronic Signature: CHAYLA ARCHAMBAULT

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.