

L13000162050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Arts of Correction

Office Use Only



600254217896

12/02/13--01031--002 **25.00

FILED
13 DEC -2 PM 12:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

12/02/13

P

COVER LETTER

TO: Registration Section
Division of Corporations

AmeriBuy, LLC

SUBJECT: _____
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:

Ron R. Eder

Name of Person

AmeriBuy, LLC

Firm/Company

11718 SE Federal Hwy, Suite 240

Address

Hobe Sound, FL 33455

City/State and Zip Code

ron.eder@ameribuy.com

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

For further information concerning this matter, please call:

Ron R. Eder

207

837 9294

at (_____) _____

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

**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:
AmeriBuy, 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:

Re: "Articles of Organization; Article V" Failure to enter an effective date.

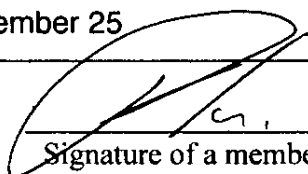
Corrected effective date should read, "January 1, 2014"

OR



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

Dated: November 25, 2013



Signature of a member or authorized representative of a member

Ron R. Eder

Typed or printed name of signee

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

FILED
13 DEC -2 PM 12:50
CLERK OF CIRCUIT COURT
JANUARY 1, 2014
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AmeriBuy, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

11718 SE Federal Hwy

Suite 240

Hobe Sound, FL 33455

Mailing Address:

11718 SE Federal Hwy

Suite 240

Hobe Sound, FL 33455

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Ron R. Eder

Name

11718 SE Federal Hwy

Florida street address (P.O. Box **NOT** acceptable)

Hobe Sound, FL 33455

FL

City, State, and Zip

FILED
13 NOV 18 PM 1:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kyle Eder

352 SW Salerno Rd.

Stuart, FL 34997

MGRM

Elias Z. Eder

161-A Varney Mill Rd.

Bath, ME 04530

MGRM

Lena M. Redman

2623 S Tumbleweed Lane

Chandler AZ 85286

MGRM

Roger C. Eder

186 Sims Creek Ln

Jupiter, FL 33458

See Attachment

(Use attachment if necessary)

Cont.

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Ron R. Eder

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGMR

Ron R. Eder

161 Varney Mill Rd.

Bath, Me 04530

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

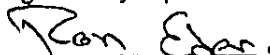
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Typed or printed name of signee

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**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)