

21300071354

(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:

Office Use Only



300253543223

12/16/13--01024--020 **25.00

FILED
2013 DEC 16 PM 2:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

(DEC 17 2013

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strive Right Solutions, 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:

Joanne Montalvo

Name of Person

Strive Right Solutions, LLC

Firm/Company

10039 Moorshire Circle

Address

Orlando, FL 32829

City/State and Zip Code

ladyjm10@aol.com

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

For further information concerning this matter, please call:

Joanne Montalvo

Name of Person

at (321) 337-8922

Area Code & Number, Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2061 Executive Center Circle
Tallahassee, Florida 32314

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

☐ \$50 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (4/13)

FILED
2013 DEC 16 PM 2:02
TALLAHASSEE, FLORIDA
DIVISION OF STATE

**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:
Strive Right Solutions, 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:

Strive Right Solutions, LLC. is the business name that I want, I spelled strive

incorrectly. I spelled it Stirve and would like it corrected to STRIVE. It should all

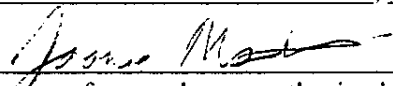
look like "Strive Right Solutions, LLC."

OR



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

Dated: December 11, 2013


Signature of a member or authorized representative of a member

Joanne Montalvo

Typed or printed name of signee

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

FILED
2013 DEC 16 PM 2:02
CLERK OF STATE
TALLAHASSEE FL 32302

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

L13000171354
FILED 8:00 AM
December 11, 2013
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
STIRVE RIGHT SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10039 MOORSHIRE CIRCLE
ORLANDO, FL. 32829

The mailing address of the Limited Liability Company is:
10039 MOORSHIRE CIRCLE
ORLANDO, FL. 32829

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:
JOANNE L MONTALVO
10039 MOORSHIRE CIRCLE
ORLANDO, FL. 32829

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: JOANNE MONTALVO

Signature of member or an authorized representative of a member

Electronic Signature: JOANNE MONTALVO

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.