# L13000178348

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ACCOUNT NO. : I2000000195

REFERENCE: 952443 7974915

AUTHORIZATION

COST LIMIT

ORDER DATE: January 7, 2014

ORDER TIME : 1:53 PM

ORDER NO. : 952443-005

CUSTOMER NO: 7974915

#### DOMESTIC AMENDMENT FILING

NAME: WALCAR, PLLC

EFFECTIVE DATE:

XX\_\_\_\_ STATEMENT OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

FILED

2014 JAN 10 AM 10: 04

#### STATMENT OF CORRECTION FOR

# SECRETARY OF STATE FLORIDA OR FOREIGN LIMITED LIABILITY COMPANYALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: WALCAR, PLLC SECOND: Document to be corrected is: Articles of Organization (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT x Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The entity name is incorrect because it should be an LLC instead of a PLLC The entity name should read: WALCAR, LLC <u>or</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> The electronic transmission of the record was defective. 01-08-2014 Signature of Authorized Represent

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# Electronic Articles of Organization For Florida Limited Liability Company

L13000178398 FILED 8:00 AM December 31, 2013 Sec. Of State

## Article I

The name of the Limited Liability Company is: WALCAR, PLLC

#### Article II

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

16322 NW 5TH ST PEMBROKE PINES, FL. 33028

The mailing address of the Limited Liability Company is:

16322 NW 5TH ST PEMBROKE PINES, FL. 33028

### Article III

The purpose for which this Limited Liability Company is organized is: RENTAL / LEASING

# **Article IV**

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL. 32301

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: DEB REEVES

# Article V

• The name and address of managing members/managers are:

Title: MGRM WALTER A RODRIGUEZ 16322 NW 5TH ST PEMBROKE PINES, FL. 33028

Title: MGRM MARTA C OTTONELLO 16322 NW 5TH ST PEMBROKE PINES, FL. 33028

Signature of member or an authorized representative of a member

Electronic Signature: WALTER A RODRIGUEZ

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.

L13000178398 FILED 8:00 AM December 31, 2013 Sec. Of State