

L14000083808

(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



700260732167

06/05/14--01008--002 **25.00

FILED
2014 JUN -5 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOMARINE, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Manes, Esq.

Name of Person

Michael B. Manes, P.A.

Firm/Company

950 South Pine Island Road, Suite A-150

Address

Plantation, FL 33324

City/State and Zip Code

michael@maneslegal.com

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

For further information concerning this matter, please call:

Michael Manes

954

523-1844

Name of Person

at (_____) _____

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 (2/14)

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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: VOMARINE, LLC

SECOND: The Florida Document number of the limited liability company is: L14000083808

THIRD: Document to be corrected is:
Articles of Organization

(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:

Member name misspelled. Vickie Oehm is incorrect.

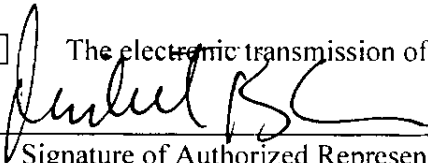
The proper spelling of the member's name is: Vicki Oehm

OR

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

OR

- ☐ The electronic transmission of the record was defective.



Signature of Authorized Representative

May 28, 2014

Date

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

2014 JUN -5 PM 12:12
SECRETARY OF STATE
ALABAMA, FLORIDA

FILED

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

L14000083808
FILED 8:00 AM
May 23, 2014
Sec. Of State
tburch

Article I

The name of the Limited Liability Company is:
VOMARINE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7209 NW 127TH WAY
PARKLAND, FL. 33076

The mailing address of the Limited Liability Company is:
7209 NW 127TH WAY
PARKLAND, FL. 33076

Article III

The name and Florida street address of the registered agent is:
MICHAEL MANES ESQ.
950 S PINE ISLAND ROAD
A-150
PLANTATION, FL. 33324

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: MICHAEL B. MANES

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
VICKIE OEHM
7209 NW 127TH WAY
PARKLAND, FL. 33076

Title: MBR
ANTHONY AGLIONE SR.
1138 NW LOMBARDY DRIVE
PORT ST. LUCIE, FL. 34986

L14000083808
FILED 8:00 AM
May 23, 2014
Sec. Of State
tburch

Article V

The effective date for this Limited Liability Company shall be:

05/23/2014

Signature of member or an authorized representative

Electronic Signature: MICHAEL B. MANES

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.