

L15000154408

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M4 USA, 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:

ANGELA MACK

Name of Person

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC

Firm/Company

2295 S HIAWASSEE RD SUITE 407F

Address

ORLANDO FLORIDA 32835

City/State and Zip Code

CREATRIX@CFL.RR.COM

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

For further information concerning this matter, please call:

ANGELA MACK

407

403-3339

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 24 P 12:07

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**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: M4 USA, LLC

SECOND: The Florida Document number of the limited liability company is: L15000154408

THIRD: Document to be corrected is:
ARTICLE V: The name of person authorized to manage LLC

(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:

The middle name is incorrect. Please as name below provide the correction:

MGR: RICARDO NORVAIS OLIVEIRA

To

MGR: RICARDO NOVAIS OLIVEIRA

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.

Rugelawick
Signature of Authorized Representative

09/21/2015
Date

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

2015 SEP 24 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L15000154408
FILED 8:00 AM
September 09, 2015
Sec. Of State
jshivers

Article I

The name of the Limited Liability Company is:

M4 USA, LLC

Article II

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

7751 KINGSPONTE PARKWAY SUITE 109
ORLANDO, FL. US 32819

The mailing address of the Limited Liability Company is:

7751 KINGSPONTE PARKWAY SUITE 109
ORLANDO, FL. US 32819

Article III

Other provisions, if any:

THE INITIAL PURPOSE OF THIS LIMITED LIABILITY COMPANY IS
ANY AND ALL LAWFUL BUSINESS UNDER THE LAW OF THE STATE OF
FLORIDA AND THE UNITED STATES OF AMERICA

Article IV

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

TAX ACCOUNTING & FINANCIAL SPECIALISTS LLC
2295 S HIAWASSEE RD SUITE 407C
ORLANDO, FL. 32835

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: ANGELA MACK

Article V

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

Title: MGR
RICARDO NORVAIS OLIVEIRA
7751 KINGSPONTE PKWY STE 109
ORLANDO, FL. 32819 US

L15000154408
FILED 8:00 AM
September 09, 2015
Sec. Of State
jshivers

Incorrect.

Article VI

The effective date for this Limited Liability Company shall be:

09/09/2015

Signature of member or an authorized representative

Electronic Signature: RICARDO NORVAIS OLIVEIRA

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.