

LS000201352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

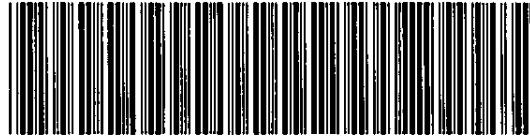
(Business Entity Name)

(Document Number)

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15 DEC 31 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/31/15--01011--007 **60.00

JAN 04 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCP Gypsy Properties 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:

Pamela S. Tobin

Name of Person

JCP Gypsy Properties LLC

Firm/Company

P.O. Box 11052

Address

Daytona Beach, FL 32120

City/State and Zip Code

jcp.gypsyproperties@yahoo.com

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Pamela S. Tobin

Name of Person

at (703)

Area Code

6772535

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

**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: JCP GYPSY Properties LLC

SECOND: The Florida Document number of the limited liability company is: L15000201352

THIRD: Document to be corrected is: L15000201352 (copy of document enclosed)

(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 name of the company was misspelled (gypsy properties llc).

The correct spelling is JCP Gypsy Properties LLC

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

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

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

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

L15000201352
FILED 8:00 AM
December 02, 2015
Sec. Of State
tburch

Article I

The name of the Limited Liability Company is:

JCP GYSPY PROPERTIES LLC

 Gypsy

Article II

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

1318 10TH STREET
DAYTONA BEACH, FL. 32117

The mailing address of the Limited Liability Company is:

PO BOX 11052
DAYTONA BEACH, FL. 32120

Article III

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

BILL HAVRE
3030 N. ROCKY POINT DRIVE
SUITE 150A
TAMPA, FL. 33607

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15 DEC 31 PM 5:06
SECRETARY 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.

Registered Agent Signature: BILL HAVRE

Article IV

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

Title: AP
PAMELA S TOBIN
1318 10TH STREET
DAYTONA BEACH, FL. 32117

L15000201352
FILED 8:00 AM
December 02, 2015
Sec. Of State
tburch

Signature of member or an authorized representative

Electronic Signature: PAMELA S TOBIN

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.

FILED
15 DEC 31 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA