

L17000162062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

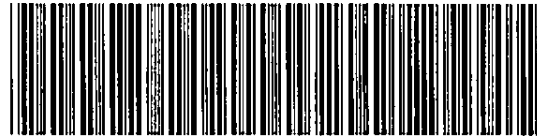
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/23/17--01008--009 **25.00

FILED
17 SEP -5 AM 8:49
CLERK OF COURT
JANUARY 1, 1997
TALLAHASSEE, FLORIDA

SEP 05 2017

CLERK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2017

TIMOTHY FINKLEA
6308 61ST DR E
PALMETTO, FL 34221

SUBJECT: FIT BY FINK, LLC
Ref. Number: L17000162062

We have received your document for FIT BY FINK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 817A00017590

2017 SEP -5 PM 3:07
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fit By Fink, 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:

Timothy Finklea

Name of Person

Fit By Fink, LLC

Firm/Company

6308 61st dr E

Address

Palmetto, FL 34221

City/State and Zip Code

fitbyfink@gmail.com

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

For further information concerning this matter, please call:

Timothy Finklea

Name of Person

941

Area Code

526-4503

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: Fit By Fink, LLC

SECOND: The Florida Document number of the limited liability company is: L17000162062

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:

Courtney Finklea as the Title: Manager and Timothy Finklea as only the registered agent.

Misinterpreted the position statements and incorrectly placed the names.

Timothy Finklea is the Owner and Manager of the company and Courtney Finklea is an authorized signer.

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]
Signature of Authorized Representative

8/30/2017
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)