

h22000113956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

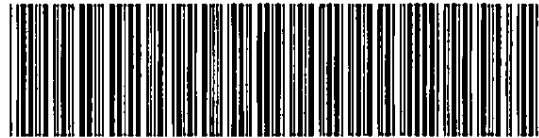
Special Instructions to Filing Officer:

Q. SILAS

JUL 06 2022

6/30/22

Office Use Only



200385701212

04/18/22--01031--018 ++25.00

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 30 AM 9:00

FILED



RECEIVED

2022 JUN 30 AM 10:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEC. 605.0203(1)
TALLAHASSEE, FL

June 10, 2022

DANISE TOUSSAINT
101 NE 29TH ST
POMPANO BEACH, FL 33064

SUBJECT: IROADE TRANSPORTATION LLC
Ref. Number: L22000113956

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 222A00013079

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IROADE TRANSPORTATION 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:

Danise Toussaint
Name of Person

Firm/Company

101 NE 29th St
Address

Pompano Beach, FL 33064
City/State and Zip Code

iroade transportation@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danise Toussaint at (954) 513-5903
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

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

FILED

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

JUN 30 AM 9:00

FIRST: The name of the limited liability company is: Irroade Transportat **SECRETARY OF STATE
TALLAHASSEE, FL**

SECOND: The Florida Document number of the limited liability company is: L22000113956

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:

The name of one of the authorized person(s) was misspelled. The
Correct name is: Last name: Fils Aime, First name: Gerald
Not Fils - Aimee Gerald.

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.

Danise Poussaint
Signature of Authorized Representative

6/16/22
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.

Danise Poussaint
Registered Agent's Signature

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