

M18000001718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

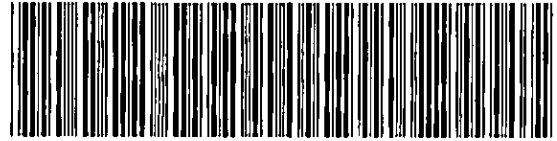
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/22/18--01002--008 **25.00

RECEIVED
2018 FEB 21 AM 4:46
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 22 2018

FILED
18 FEB 21 AM 7:59
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NEV7 LLC

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☒ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☒ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: BA

2/21/18

Time _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **NEV7. 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:

Richard D. Cimino, Esq.

Name of Person

Richard D. Cimino, P.A.

Firm/Company

4851 Tamiami Trail N. Ste. 222

Address

Naples, FL 34103

City/State and Zip Code

dick@rcimino.com

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

For further information concerning this matter, please call:

Richard D. Cimino, Esq. at **(239)** **302-1606**

Name of Person

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

**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: NEV7, LLC

SECOND: The Florida Document number of the limited liability company is: M18000001718

THIRD: Document to be corrected is: Application for Foreign LLC Co.

(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:

See attached Exhibit "A"

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.

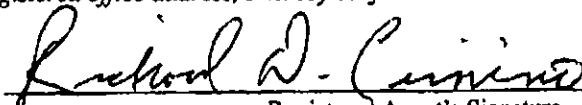


Signature of Authorized Representative Edmund G. Kaunz Date 2/21/2018

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)

EXHIBIT "A"

James B. Neville's name was mistakenly included on the Application for Foreign Limited Liability Company for Authorization to Transact Business in Florida filed February 19, 2018, and should be removed.

The registered agent should be as follows:

Richard D. Cimino, Esq.
4851 Tamiami Trail North
Suite 222
Naples, FL 34103

This is consistent with the company's records as filed with the Secretary of State of Ohio. A certified copy of said filings are included herewith.

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
21st day of February, A.D. 2018.*

Ohio Secretary of State

Jon Husted

Validation Number:

201805201530



DATE	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
12/17/2012	201234900660	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	125.00	100.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

SINGERMAN MILLS DESBERG & KAUNTZ CO LPA
EDMUND G KAUNTZ
3333 RICHMOND ROAD - SUITE 370
BEACHWOOD, OH 44122

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2158177

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NEV7 LLC

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Document No(s):

201234900660



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 14th day of December,
A.D. 2012.

Jon Husted

Ohio Secretary of State



Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3810
Toll Free: (877) SOS-FILE (767-3463)

www.OhioSecretaryofState.gov
Business@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company NevZ LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd."

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

perpetually.
Period of Existence

Purpose
(Optional)

**Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Nev7 LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

SMDK AGENCY, INC.

Name of Agent

3333 Richmond Road, Suite 370

Mailing Address

Beachwood

City

Ohio

State

44122

ZIP Code

ACCEPTANCE OF APPOINTMENT

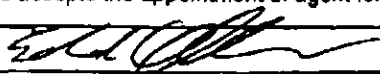
The undersigned, named herein as the statutory agent for

Nev7 LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

SMDK Agency, Inc., by:



Edmund G. Kauntz, Vice President

Individual Agent's Signature / Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be authenticated (signed) by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature

December 13, 2012

Date

Edmund G. Kauntz

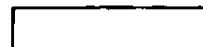
By



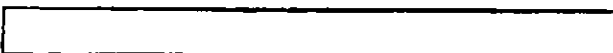
Print Name



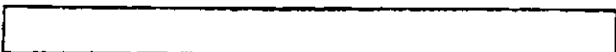
Signature



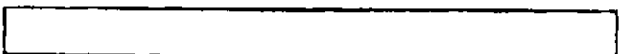
Date




By



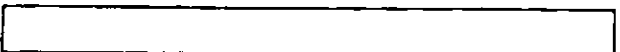
Print Name




Signature



Date



By



Print Name