



ARTICLES OF CORRECTION

1. _____
(Name of the corporation, limited liability company, or limited liability partnership **before** any correction that may be affected by these articles of correction)

2. _____ filed with the Department of Financial
(Describe the document)

Institutions on _____ (date) was

Incorrect at the time of filing (*Complete items 1, 2, 3, 4
& 6*)

Defectively executed (*Complete items 1, 2, 3 & 5*)

Defective in attestation, seal, verification or
acknowledgment (*Complete items 1, 2, 3 & 6*)

} (X) Check any that apply

3. Describe the defect(s): (*Specify the incorrect statement and the reason why it is incorrect, or the manner in which the execution is defective.*)

4. Enter the statement in its corrected condition:

FILING FEE – **\$40.00** – Domestic or Foreign Business Corporation (Ch. 180)
\$40.00 – Domestic or Foreign Limited Liability Company (Ch. 183)
\$40.00 – Domestic or Foreign Limited Liability Partnership (Ch. 178)
\$10.00 – Domestic or Foreign Nonstock (including non-profit) Corporation (Ch. 181)

See instructions, suggestions and procedures on following pages.

DFI/CORP/53(R08-11-09) Use of this form is voluntary.

4. Enter the statement in its corrected condition (cont'd):

5. Make the corrected execution:

Executed on _____
(Date)

(Signature)

Select and mark (X) below the appropriate title
of the person executing the document.

(Printed name)

For a corporation

Title: President Secretary
or other officer title _____

For a limited liability company

Title: Member **OR** Manager

For a limited liability partnership

Title: Partner

6. Executed on _____
(Date)

(Signature)

Select and mark (X) below the appropriate title
of the person executing the document.

(Printed name)

For a corporation

Title: President Secretary
or other officer title _____

For a limited liability company

Title: Member **OR** Manager

For a limited liability partnership

Title: Partner

This document was drafted by _____
(Name the individual who drafted the document)

INSTRUCTIONS (Ref. Ss. 178.50, 180.0124, 181.0124 & 183.0112, Wis. Stats., for document content)

Submit one original and one exact copy along with the required filing fee (indicated below) to the address listed below. Make checks payable to the “<u>Department of Financial Institutions</u>”. Filing fee is non-refundable. The original must include an original manual signature, per. Wis. Stats.		
Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave – 3 rd Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the name of the domestic or foreign corporation, limited liability company or limited liability partnership and the state in which it is organized. If the entity holds its certificate of authority or registration with the department under a fictitious name, provide the fictitious name as well. If the articles of correction correct the name of the entity, enter the name prior to any correction affected by the articles of correction.
2. Identify the document to be corrected (e.g., articles of incorporation, annual report, articles of amendment, etc.) specify the date the document was filed by the department, and mark (X) the condition(s) prompting the correction. A note following the indicated condition(s) cites the appropriate sections of this form to complete.
3. Specify the incorrect statement and state the reason why it is incorrect, or how the manner in which the execution of the document is defective. If the defect is in attestation, seal, verification or acknowledgement, describe why they are defective.
4. If you are correcting an erroneous statement, enter the statement you are correcting in its corrected condition.
5. If you are correcting a defective execution, make the correct execution. Include the date of execution, the name of the person signing, and the person’s title.
6. Unless the articles of correction are solely for correcting a defective execution (item 5), execute the articles in item 6. Include the date of execution, the name of the person signed, and the person’s title.

If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

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▲ Enter your return address within the bracket above.

Phone number during the day: () _____ - _____