

LD9000046712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

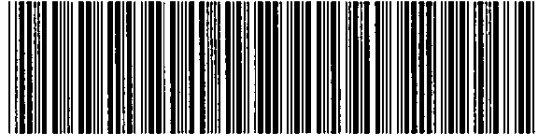
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600156471616

06/05/09--01033--007 **25.00

FILED
09 JUN -5 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 08 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Appropriate Insurance LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark McKeithen

Name of Person

Appropriate Insurance LLC

Firm/Company

2401 Chardonnay Ter

Address

Parrish, FL 34219

City/State and Zip Code

yourfuture@tampabay.rr.com

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

For further information concerning this matter, please call:

Mark McKeithen

Name of Person

at (727)

698-7788
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

FILED
 09 JUN -5 AM 11:56
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
Appropriate Insurance PLLC

SECOND: The articles of organization or the application to transact business

(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:

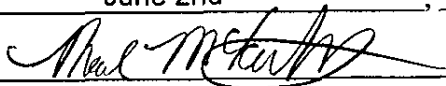
Should have been filed as a "Professional Limited Liability Company" for the
purpose of insurance sales. Therefore the name of the Professional Limited
Liability Company shall be: "Appropriate Insurance PLLC"

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: June 2nd, 2009



Signature of a member or authorized representative of a member

Mark McKeithen

Typed or printed name of signee

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

09 JUN '09 11:56 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L09000046712
FILED 8:00 AM
May 13, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

APPROPRIATE INSURANCE LLC

Article II

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

2401 CHARDONNAY TER
PARRISH, FL. 34219

The mailing address of the Limited Liability Company is:

2401 CHARDONNAY TER
PARRISH, FL. 34219

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

MARK E MCKEITHEN
2401 CHARDONNAY TER
PARRISH, FL. 34219

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: MARK E MCKEITHEN

Article V.

The name and address of managing members/managers are:

Title: MGRM
MARK E MCKEITHEN
2401 CHARDONNAY TER
PARRISH, FL. 34219

Title: MGRM
DANA BRACCIO
8360 141ST ST N
SEMINOLE, FL. 33776

L09000046712
FILED 8:00 AM
May 13, 2009
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

05/18/2009

Signature of member or an authorized representative of a member

Signature: MARK E MCKEITHEN