

L 04000065583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

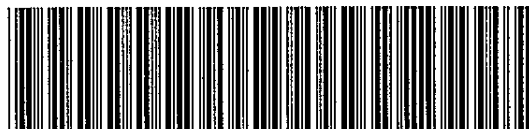
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04 OCT -8 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/11/04

6p

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ICH GROUP, LLC  
(Name of Corporation)

DOCUMENT NUMBER: L040000065583

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

Please return all correspondence concerning this matter to the following:

SHARON BRANNAN  
(Name of Person)

SHARON C. BRANNAN, CPA PA  
(Name of Firm/Company)

161 N. MAIN STREET  
(Address)

WILLISTON, FL 32696  
(City/State and Zip Code)

For further information concerning this matter, please call:

SHARON BRANNAN at (352) 528-6550  
(Name of Person) (Area Code & Daytime Telephone Number)

04 OCT - 8 PM 11:06  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 1, 2004

SHARON BRANNAN  
SHARON C. BRANNAN, CPA PA  
161 N. MAIN STREET  
WILLISTON, FL 32696

SUBJECT: ICH GROUP, LLC  
Ref. Number: L04000065583

FILED  
04 OCT -8 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for ICH GROUP, LLC and your check totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is an LLC. Please complete, sign, and return the enclosed LLC form.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 304A00057387

Please correct name as  
attached. Please refund  
\$10.00 overpayment of fees

**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:

ICH GROUP, LLC

**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:

INCORRECT NAME. SHOULD  
IHC GROUP, LLC

**OR**



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

Dated:

10/2/04

Sharon C. Brannan

Signature of a member or authorized representative of a member

SHARON C. BRANNAN

Typed or printed name of signee

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

FILED  
OCT 18 PM 1:06  
STATE OF FLORIDA  
CLERK OF THE COURT

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

L04000065583  
FILED 8:00 AM  
September 02, 2004  
Sec. Of State  
dcushing

**Article I**

The name of the Limited Liability Company is:  
ICH GROUP, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
605 NE 10TH BLVD.  
WILLISTON, FL. 32696

The mailing address of the Limited Liability Company is:  
605 NE 10TH BLVD.  
WILLISTON, FL. 32696

**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:  
SHARON C BRANNAN  
161 N. MAIN STREET  
WILLISTON, FL. 32696

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: SHARON C. BRANNAN

FILED  
04 OCT - 8 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
JIMMY R MILLER  
605 NE 10TH BLVD.  
WILLISTON, FL. 32696

Signature of member or an authorized representative of a member

Signature: JIMMY R. MILLER

L04000065583  
FILED 8:00 AM  
September 02, 2004  
Sec. Of State  
dcushing

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04 OCT -8 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA