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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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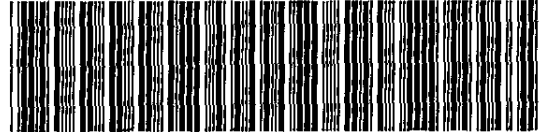
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:



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Fees should be

(1) Articles of Correction - (\$25.00)

Off (2) Cert. of status indicating  
new name - (\$5.00)

(3) Certified copy of record -  
(\$30.00)

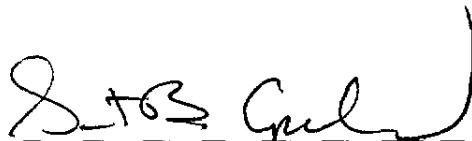
Total = \$60.00

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**ARTICLES OF CORRECTION FOR PROFESSIONAL LIMITED  
LIABILITY COMPANY**

1. On January 5, 2005, the attached Articles of Organization were filed creating the new professional limited liability company named "Law Offices of Scot B. Copeland, L.L.C." The assigned document number for the Articles of Organization is L05000001424.
2. The Articles of Organization incorrectly noted the name of the business as "Law Offices of Scot B. Copeland, L.L.C." However, to comply with Chapter 621, Fla. Stat., the name of the business should indicate a professional limited liability company by including the abbreviation "P.L."
3. Accordingly, the Articles of Organization are hereby corrected to change the name of the business to "Law Offices of Scot B. Copeland, P.L."

Dated this 6<sup>th</sup> day of January, 2005.



Signature of Sole Member and Manager

Scot B. Copeland

Printed Name of Signee and Sole Member and Manager

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Law Offices of Scot B. Copeland, L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

121 West Base Street

Madison, FL 32340

#### Mailing Address:

121 West Base Street

Madison, FL 32340

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Scot B. Copeland

Name

121 West Base Street

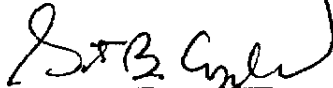
Florida street address (P.O. Box NOT acceptable)

Madison, FL 32340

FL

City, State, and Zip

*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 as provided for in Chapter 608, F.S.*



Registered Agent's Signature

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CLERK OF DISTRICT COURT

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Scot B. Copeland

121 West Base Street

Madison, FL 32340

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Scot B. Copeland

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FL 32301