

L05000011126

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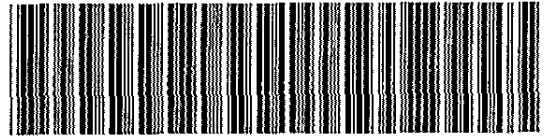
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 181095
AUTHORIZATION : *Patricia Tzvet* 8774A
COST LIMIT : \$ 55

FILED
05 FEB -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 2, 2005

ORDER TIME : 10:10 AM

ORDER NO. : 181095-015

CUSTOMER NO: 8774A

CUSTOMER: Mr. Jeremy Levine
Levine Law Offices
328 Minorca Avenue

Coral Gables, FL 33134

DOMESTIC AMENDMENT FILING

NAME: MIAMI INJURY SPECIALIST LLC

EFFECTIVE DATE:

XXX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER'S INITIALS: _____

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:
MIAMI INJURY SPECIALIST 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:

The Original name was MIAMI INJURY SPECIALIST LLC.

The word Specialist was spelled incorrect.

The correct name should read as follows: MIAMI INJURY SPECIALISTS LLC

OR

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

Dated: February 3rd, 2005

Signature of a member or authorized representative of a member

/s/ Jeremy Levine, Authorized Representative

Typed or printed name of signee

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

COPY FILED
FEB -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L05000011126
FILED 8:00 AM
February 02, 2005
Sec. Of State
dcushing

Article I

The name of the Limited Liability Company is:

MIAMI INJURY SPECIALIST LLC

Article II

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

14437 S. DIXIE HIGHWAY
MIAMI, FL. US 33176

The mailing address of the Limited Liability Company is:

14437 S. DIXIE HIGHWAY
MIAMI, FL. US 33176

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:

JEREMY LEVINE ESQ.
328 MINORCA AVENUE
CORAL GABLES, FL. 33134

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: JEREMY LEVINE, ESQ.

Article V

The name and address of managing members/managers are:

Title: MGRM
JASON LEVINE
14437 S. DIXIE HIGHWAY
MIAMI, FL. 33176 US

Title: MGRM
MICHAEL GORMAN
14437 S. DIXIE HIGHWAY
MIAMI, FL. 33176 US

Signature of member or an authorized representative of a member

Signature: JEREMY LEVINE, ESQ.

L05000011126
FILED 8:00 AM
February 02, 2005
Sec. Of State
dcushing