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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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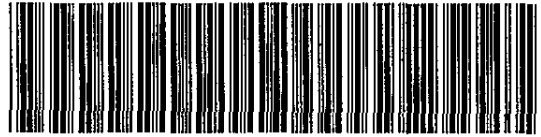
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hemophilia Care of Florida, LLC
(Name of Limited Liability Company)

DOCUMENT # LO 6000007274

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:

Brian Owens
(Name of Person)

Hemophilia Care of Florida, LLC
(Firm/Company)

13300-56 S. Cleveland Ave. #236
(Address)

Fort Myers Florida 33907
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Owens at (239) 340-4455
(Name of Person) (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

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:
HEMOPHILIA CARE OF Florida, 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 statement: Hemophillia CARE OF Florida, LLC
Hemophilia spelled incorrect

correct statement: Hemophilia CARE OF Florida, LLC

OR

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

Dated: January 23 2006

[Signature]
Signature of a member or authorized representative of a member

Brian Owens
Typed or printed name of signee

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

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

L06000007274
FILED 8:00 AM
January 20, 2006
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:
HEMOPHILLIA CARE OF FLORIDA, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL. US 33907

The mailing address of the Limited Liability Company is:
13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL. US 33907

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:
REACHED THE BEACH LLC
13300-56 S. CLEVELAND AVENUE
PMB #236
FORT MYERS, FL. 33907

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: BRIAN OWENS

Article V

The name and address of managing members/managers are:

Title: MGR
BRIAN A OWENS
13300-56 S. CLEVELAND AVENUE
FORT MYERS, FL. 33907 US

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January 20, 2006
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

01/20/2006

Signature of member or an authorized representative of a member

Signature: BRIAN OWENS