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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ER PHONE REPAIR CLINIC 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	g:	
FRANCHESKA GARCIA DE QUEVEDO (Name of Person)	_	
ER PHONE REPAIR CLINIC LLC (Firm/Company)	-	
3501 WEST VINE ST SUITE 269 (Address)	-	
KISSIMMEE, FL 34741 (City/State and Zip Code)	-	
For further information concerning this matter, please call:		
FRANCHESKA GARCIA DE QUEVEDO at (407 (Area Code &	_) 259-1520 & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 3230!	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	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

FIRST ER PHO	The name of the limited liability company is: DNE REPAIR CLINIC LLC
SECO.	ND: The articles of organization or the application to transact business
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: ARTICLE II ARTICLE IV, AND ARTICLE V: CORRECT PRINCIPAL AND MAILING ADDRESS
	3501 WEST VINE ST SUITE 269, KISSIMMEE FL 34741
	7 NO
	21
	OR Since the second sec
V	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: CORRECT ARTICLE V: ADD MANAGING MEMBERS/ MANAGER
	NAME: LUIS GONZALEZ
	ADDRESS: 3501 WEST VINE ST SUITE 269, KISSIMMEE FL 34741
Dated:	NOVEMBER 16 , 2007 .
	Signature of a member or authorized representative of a member
	FRANCHESKA GARCIA DE QUEVEDO
	Typed or printed name of signee

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L07000115558 FILED 8:00 AM November 15, 2007 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is: E.R. PHONE REPAIR CLINIC, LLC

Article II

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

3501 WEST VINE STREET STE 269 KISSIMMEE, FL. 34746

The mailing address of the Limited Liability Company is:

3501 WEST VINE STREET STE 269 KISSIMMEE, FL. 34746

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:

FRANCHESKA GARCIA DE QUEVEDO 3501 WEST VINE STREET STE 269 TAMPA, FL. 34746

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: FRANCHESKA GARCIA DE QUEVEDO

Article V

The name and address of managing members/managers are:

Title: MGRM FRANCHESKA GARCIA DE QUEVEDO 3501 WEST VINE STREET STE 269 TAMPA, FL. 34746

Signature of member or an authorized representative of a member Signature: FRANCHESKA GARCIA DE QUEVEDO

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