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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan JUN -2 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Client Number 9, 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:

Lisa Y. Shorts Pitell

(Name of Person)

Pitell Law Firm, P.L.

(Firm/Company)

4400 E. Hwy 20, Suite 206

(Address)

Niceville, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Y. Shorts Pitell at (850) 897-0045
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2008

LISA Y. SHORTS PITELL
PITELL LAW FIRM, P.L.
4400 E. HWY 20, SUITE 206
NICEVILLE, FL 32578

SUBJECT: CLIENT NUMBER 9, LLC
Ref. Number: L08000047445

We have received your document for CLIENT NUMBER 9, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 008A00032203

**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:
Client Number 9, 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:
Article II - The street address of the principal office of the Limited Liability Company was incorrectly

listed as 4435 Clipper Cove, Destin, FL 32541. The correct street address of the principal office

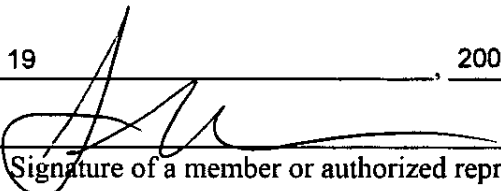
of the Limited Liability Company is: 151-3A Regions Way

Destin, FL 32541

OR

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

Dated: May 19, 2008


Signature of a member or authorized representative of a member

Teresa Abraham, Member

Typed or printed name of signee

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

FILED
08 JUN -2 PM 3:01
TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

**L08000047445
FILED 8:00 AM
May 12, 2008
Sec. Of State
gharvey**

Article I

The name of the Limited Liability Company is:

CLIENT NUMBER 9, LLC

Article II

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

4435 CLIPPER COVE
DESTIN, FL. US 32541

The mailing address of the Limited Liability Company is:

P.O. BOX 5134
DESTIN, FL. US 32541

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:

TERESA ABRAHAM
4435 CLIPPER COVE
DESTIN, FL. 32541

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: TERESA ABRAHAM

Article V

L08000047445
FILED 8:00 AM
May 12, 2008
Sec. Of State
gharvey

The name and address of managing members/managers are:

Title: MGR
TERESA ABRAHAM
P.O. BOX 5134
DESTIN, FL. 32541

Signature of member or an authorized representative of a member

Signature: LISA Y. SHORTS, PITELL