

W8000076424

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T. CLINE
AUG 26 2008
EXAMINER

W8-76424

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRITZ THERAPY SERVICES PL

(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:

Steven E. Martin, Esq.

(Name of Person)

Martin Law Firm, P.L.

(Firm/Company)

3701 Del Prado Boulevard S.

(Address)

Cape Coral, Florida 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven E. Martin, Esq.

(Name of Person)

at (239) 443-1094

(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

CR2E062 (08/05)

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2008 AUG 25 AM 11:23
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TALLAHASSEE, FLORIDA

**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:
Fritz Therapy Services, P.L.

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 Company does not use comma's or periods in the name.

FRITZ THERAPY SERVICES PL

OR

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

Dated: August, 2008

Signature of a member or authorized representative of a member

Steve E. Martin
Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

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August 08, 2008
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Article I

The name of the Limited Liability Company is:
FRITZ THERAPY SERVICES, P.L.

Article II

The street address of the principal office of the Limited Liability Company is:
517 SW 8TH STREET
CAPE CORAL, FL. 22991

The mailing address of the Limited Liability Company is:
517 SW 8TH STREET
CAPE CORAL, FL. 22991

Article III

The purpose for which this Limited Liability Company is organized is:
RENDERING PROFESSIONAL PHYSICAL THERAPY SERVICES.

Article IV

The name and Florida street address of the registered agent is:
MARTIN LAW FIRM, P.L.
3701 DEL PRADO BLVD S.
CAPE CORAL, FL. 33904

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: STEVEN E. MARTIN

Article V

The name and address of managing members/managers are:

Title: MGRM
MICHAEL FRITZ
517 SW 8TH STREET
CAPE CORAL, FL. 33991

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Signature of member or an authorized representative of a member

Signature: STEVEN E. MARTIN