

**L090000 12828**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500144388785

03/04/09--01019--005 \*\*25.00

FILED

09 MAR - 4 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

MAR - 5 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fortess Family SWFL, 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:

Monica V. Lyons

(Name of Person)

Lyons & Lyons, P.A.

(Firm/Company)

27911 Crown Lake Blvd., Suite 201

(Address)

Bonita Springs, Florida 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica V. Lyons

(Name of Person)

at ( 239 ) 948-1823

(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

FILED  
09 MAR -14 AM 9:58  
SECRETARY OF STATE  
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:  
Fortess Family SWFL, 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 name of the limited liability company was misspelled as Fortess Family SWFL, LLC. The correct  
statement is as follows: "The name of the limited liability company is Fortess Family SWFL, LLC."

**OR**

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

Dated: March 3, 2009

*Monica V. Lyons*

Signature of a member or authorized representative of a member

Monica V. Lyons

Typed or printed name of signee

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

FILED  
09 MAR - 4 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L09000012828  
FILED 8:00 AM  
February 09, 2009  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
FORTESS FAMILY SWFL, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
27911 CROWN LAKE BOULEVARD  
SUITE 246  
BONITA SPRINGS, FL. US 34135

The mailing address of the Limited Liability Company is:  
27911 CROWN LAKE BOULEVARD  
SUITE 246  
BONITA SPRINGS, FL. US 34135

**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:  
L&L PARA LTD CO  
27911 CROWN LAKE BOULEVARD  
SUITE 209  
BONITA SPRINGS, FL. 34135

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: MONICA V. LYONS

FILED  
09 MAR - 4 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article V

The name and address of managing members/managers are:

Title: MGR  
TIMOTHY T MOODY  
27911 CROWN LAKE BOULEVARD SUITE 246  
BONITA SPRINGS, FL. 34135 US

Signature of member or an authorized representative of a member

Signature: MONICA V. LYONS

L09000012828  
FILED 8:00 AM  
February 09, 2009  
Sec. Of State  
gharvey

FILED  
09 MAR -4 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA