

LO9000016186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

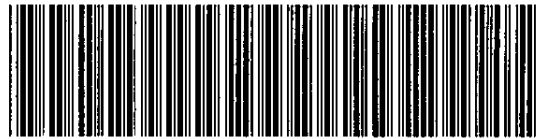
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000144711140

03/04/09--01030--026 **25.00

FILED
09 MAR -4 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whitco Insurance Company 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:

Gail Gold

(Name of Person)

Whitco Insurance Company LLC

(Firm/Company)

115 Tamiami Trail N Suite 7

(Address)

Nokomis, FL 34275

(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Gold

(Name of Person)

at

(941) 356-0851

(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)

FILED
09 MAR -4 AM 11:32
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:

Whitco Insurance Company 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 I- Company Name - Whitco Insurance Company LLC

OR

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

Article 1 - Company Name - Gail Gold Insurance Agency, LLC

Dated: February 18, 2009

Gail Gold

Signature of a member or authorized representative of a member

Gail Gold , Managing Member

Typed or printed name of signee

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

FILED
09 MAR 14 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L09000016186
FILED 8:00 AM
February 18, 2009
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:
WHITCO INSURANCE COMPANY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
115 TAMIAMI TRAIL N SUITE 7
NOKOMIS, FL. US 34275

The mailing address of the Limited Liability Company is:
115 TAMIAMI TRAIL N SUITE 7
NOKOMIS, FL. US 34275

Article III

The purpose for which this Limited Liability Company is organized is:
INSURANCE SALES AND SERVICE

Article IV

The name and Florida street address of the registered agent is:
GAIL GOLD
115 TAMIAMI TRAIL N SUITE 7
NOKOMIS, FL. 34275

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: GAIL GOLD

Article V

The name and address of managing members/managers are:

Title: MGRM
GAIL GOLD
115 TAMiami TRAIL N SUITE 7
NOKOMIS, FL. 34275 US

L09000016186
FILED 8:00 AM
February 18, 2009
Sec. Of State
dbruce

Article VI

The effective date for this Limited Liability Company shall be:

02/17/2009

Signature of member or an authorized representative of a member

Signature: GAIL T GOLD