

L09000030325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

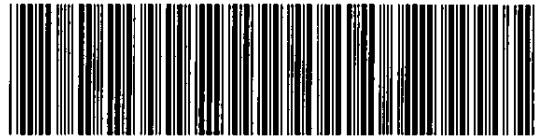
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300147881263

04/02/09--01028--037 **60.00

FILED
09 APR -2 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Okeechobee Geriatric Case Management Service 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:

Debra C. Gibbens

(Name of Person)

Okeechobee Geriatric Care Management Service LLC

(Firm/Company)

6312 SE 30th. Pky.

(Address)

Okeechobee, FL 34974

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra C. Gibbens

(Name of Person)

at (863) 634-8407

(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 APR -2 AM 11:22
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:
Okeechobee Geriatric Case Management Service 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:
Okeechobee Geriatric Case Management LLC

the word Case should be Care

Okeechobee Geriatric Care Management Service LLC

OR

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

09 APR - 2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: _____

Debra C. Gibbens
Signature of a member or authorized representative of a member

Debra C. Gibbens

3/30/2009
Typed or printed name of signee

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

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

L09000030325
FILED 8:00 AM
March 30, 2009
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
OKEECHOBEE GERIATRIC CASE MANAGEMENT SERVICE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6312 SE 30TH. PKY.
OKEECHOBEE, FL. 34974

The mailing address of the Limited Liability Company is:
6312 SE 30TH. PKY.
OKEECHOBEE, FL. 34974

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:
DEBRA C GIBBENS
6312 SE 30TH. PKY.
OKEECHOBEE, FL. 34974

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: DEBRA C. GIBBENS

FILED
09 APR -2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
DEBRA C GIBBENS
6312 SE 30TH. PKY.
OKEECHOBEE, FL. 34974

L09000030325
FILED 8:00 AM
March 30, 2009
Sec. Of State
mthomas

Article VI

The effective date for this Limited Liability Company shall be:

03/30/2009

Signature of member or an authorized representative of a member

Signature: DEBRA C. GIBBENS

FILED
09 APR -2 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA