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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN - 8 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reflections Companion Caregivers, 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:

Otis H Green
Name of Person

Firm/Company

9356 Thorn Glen Rd
Address

Jacksonville FL 32208
City/State and Zip Code

ogreen3@gmail.com
E-mail address: (to be used for future annual report notification)

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2009 JUN -5 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Otis Green at (904) 716 5388
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

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: REFLECTIONS COMPANION CAREGIVERS, 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:

REFLECTIONS COMPANION CAREGIVERS LLC

OR

☐

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

Dated: June 1, 2009

Otis H Green III
Signature of a member or authorized representative of a member

Otis H Green III

Typed or printed name of signee

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

FILED
2009 JUN -5 PM 12:09
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

L09000050431
FILED 8:00 AM
May 26, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
REFECTIONS COMPANION CAREGIVERS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9356 THORN GLEN RD
JACKSONVILLE, FL. US 32208

The mailing address of the Limited Liability Company is:
9356 THORN GLEN RD
JACKSONVILLE, FL. US 32208

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:
OTIS H GREEN III
9356 THORN GLEN RD
JACKSONVILLE, FL. 32208

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: OTIS H GREEN

FILED
2009 JUN -5 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
OTIS H GREEN III
9356 THORN GLEN
JACKSONVILLE, FL. 32208 US

Title: MGRM
STEPHANIE E GREEN
1625 RICHARDSON LANE
ATLANTIC BEACH, FL. 32233 US

Signature of member or an authorized representative of a member

Signature: OTIS H GREEN

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FILED 8:00 AM
May 26, 2009
Sec. Of State
gmcleod

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TALLAHASSEE, FLORIDA