

L 090000 966 34

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

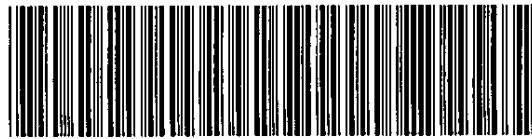
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500161107985

RECEIVED

09 OCT - 7 PM 4: 09

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT - 7 PM 4: 01

B. KOHR

OCT - 8 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 147612 7730000
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -7 PM 4:01

ORDER DATE : October 6, 2009
ORDER TIME : 2:21 PM
ORDER NO. : 147612-006
CUSTOMER NO: 7730000

DOMESTIC AMENDMENT FILING

NAME: ST. JOHNS LEGACY, LLC

EFFECTIVE DATE:

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____

**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:
ST. JOHNS LEGACY, 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 principal address, mailing address and member address is incorrect.

The correct address for all should be:

413 Kentucky Branch Lane, St. Johns, FL., 32259

OR

↓
spelling was wrong

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

Dated: OCT 7, 2009

Cynthia J. Delaparte
Signature of a member or authorized representative of a member

CYNTHIA J. DELAPARTE

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
OCT - 7 PM 4:01

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

L09000096634
FILED 8:00 AM
October 06, 2009
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

ST. JOHNS LEGACY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

413 KENTUCY BRANCH LANE
ST. JOHNS, FL. US 32259

The mailing address of the Limited Liability Company is:

413 KENTUCY BRANCH LANE
ST. JOHNS, FL. US 32259

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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

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: SUE G KNIGHT

Article V

The name and address of managing members/managers are:

Title: MGRM
CYNTHIA J DELAPARTE
413 KENTUCY BRANCH LANE
ST. JOHNS, FL. 32259 US

L09000096634
FILED 8:00 AM
October 06, 2009
Sec. Of State
gharvey

Signature of member or an authorized representative of a member

Signature: CYNTHIA J. DELAPARTE