

L09000115276

(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



700163441897

700163441897
12/10/09--01036--009 **25.00

FILED

09 DEC 10 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cooney, Trybus, Kwavnick, Peets, 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:

John P. Wilkes, PA

Name of Person

901 S. Federal Highway, #101A

Firm/Company

Fort Lauderdale, FL 33316

Address

City/State and Zip Code

jwilkes@jpwp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Simon

Name of Person

at (954) 467-9200

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 DEC 10 PM 1:16
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:
COONEY, TRYBUS, KWAVNICK, PEETS, 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 Company Should have been filed as:
COONEY, TRYBUS, KWAVNICK, PEETS, PLC INSTEAD of "LLC"

OR

☐

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

Dated: December 9, 2009

Signature of a member or authorized representative of a member

John P. Williams

Typed or printed name of signee

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

FILED
09 DEC 10 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L09000115276
FILED 8:00 AM
December 03, 2009
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
COONEY, TRYBUS, KWAVNICK, PEETS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1600 W. COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL. US 33309

The mailing address of the Limited Liability Company is:
1600 W. COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL. US 33309

FILED
09 DEC 10 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article III

The purpose for which this Limited Liability Company is organized is:
FOR THE SOLE PURPOSE OF RENDERING PROFESSIONAL LEGAL
SERVICES TO THE PUBLIC BY MEMBERS, AGENTS, OR EMPLOYEES,
QUALIFIED AND LICENSED, IN GOOD STANDING, TO DO SO.
FURTHER, TO PERFORM ALL DUTIES AND TO CONTRACT WITH THIRD
PARTIES IN ANY AND

Article IV

The name and Florida street address of the registered agent is:
DAVID F COONEY
1600 W. COMMERCIAL BOULEVARD
SUITE 200
FORT LAUDERDALE, FL. 33309

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: DAVID F. COONEY

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID F COONEY
1600 W. COMMERCIAL BOULEVARD, SUITE 200
FORT LAUDERDALE, FL. 33309 US

L09000115276
FILED 8:00 AM
December 03, 2009
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

12/03/2009

Signature of member or an authorized representative of a member

Signature: JOHN P. WILKES

FILED
09 DEC 10 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA