

LD9000118542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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09 DEC 21 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

N. O'Neil DEC 22 2009

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gotcha Covered Pet Sitting, 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:

Shirlene C. Stuckey

Name of Person

Firm/Company

1892 Iroquois Drive

Address

Apopka, FL 32703

City/State and Zip Code

fluffdragon52@yahoo.com

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

For further information concerning this matter, please call:

Shirlene C. Stuckey

Name of Person

at ( 321 )

439-9946

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)

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**



**FILED**

09 DEC 21 PM 12:43

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.

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
Gotcha Covered Pet Sitting, 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:

Incorrect statement: Effective Date: N/A

I thought the effective date was the date the paperwork would be processed by  
Division of Corp, rather than the date the business would actually become active.

Correct statement: Effective Date: 01-01-2010

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

December 16

2009

Shirlene C. Stuckey  
Signature of a member or authorized representative of a member

Shirlene C. Stuckey

Typed or printed name of signee

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

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

L09000118542  
FILED 8:00 AM  
December 14, 2009  
Sec. Of State  
gharvey

**Article I**

The name of the Limited Liability Company is:  
GOTCHA COVERED PET SITTING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1892 IROQUOIS DRIVE  
APOPKA, FL. 32703

The mailing address of the Limited Liability Company is:  
1892 IROQUOIS DRIVE  
APOPKA, FL. 32703

**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:  
SHIRLENE C STUCKEY  
1892 IROQUOIS DRIVE  
APOPKA, FL. 32703

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: SHIRLENE C. STUCKEY

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
SHIRLENE C STUCKEY  
1892 IROQUOIS DRIVE  
APOPKA, FL. 32703

L09000118542  
FILED 8:00 AM  
December 14, 2009  
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Signature of member or an authorized representative of a member

Signature: SHIRLENE C. STUCKEY