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FEB - 4 2010

EXAMINER

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

2010 JAN 27 AM 9:51

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LD9-123490

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNSON, CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL
Name of Limited Liability Company MEDICINE LLC

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:

HEATHER ALISCH JOHNSON
Name of Person

Firm/Company

P.O. Box 486
Address

PAXTON, FL 32538
City/State and Zip Code

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

For further information concerning this matter, please call:

HEATHER JOHNSON at (850) 333 0480
Name of Person Area Code & Daytime Telephone Number
OR 850 834 2118

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 27 AM 9:51

**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:
JOHNSON CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL MEDICINE 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:

OR

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

WE WOULD LIKE TO BE ESTABLISHED 01.01.2010 INSTEAD
OF IN 2009.

Dated: JANUARY 25, 2010.

Heather Alicia Johnson
Signature of a member or authorized representative of a member

HEATHER ALICIA JOHNSON
Typed or printed name of signee

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHNSON CHIROPRACTIC, ACUPUNCTURE, AND ORIENTAL MEDICINE, LLC.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

22395 US HWY 381 N
PAXTON, FL 32538

Mailing Address:

P.O. Box 484
PAXTON, FL 32538

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HEATHER JOHNSON
Name

22397 US HWY 381 N
Florida street address (P.O. Box **NOT** acceptable)

PAXTON FL 32538
City, State, and Zip

FILED
09 DEC 30 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 as provided for in Chapter 608, F.S.

Heather A. Johnson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

HEATHER JOHNSON
P.O. Box 524
PAXTON, FL 32538

MGR

KAREN JOHNSON
P.O. Box 524
PAXTON, FL 32538

MGR

JOE JOHNSON
P.O. Box 524
PAXTON, FL 32538

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Heather A. Johnson

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HEATHER A JOHNSON

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
09 DEC 30 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA