

L10000047385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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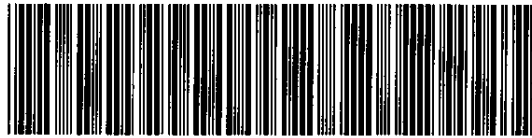
(Business Entity Name)

(Document Number)

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FILED
10 MAY 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NHC BY LORAIN 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 J MALERBA

Name of Person

JUMPING JAX TAX INC

Firm/Company

1940 HARRISON ST STE 306

Address

HOLLYWOOD FL 33020-5082

City/State and Zip Code

jack@jumpingjaxtax.com

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

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10 MAY 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOHN J MALERBA

Name of Person

at (954)

927-6988

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:
 NHC BY LORAINE 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:

NHC BY LORAINE LLC IS THE INCORRECT STATEMENT. THE "A" AND THE

"I" IN LORAINE WAS TRANSPOSED. THE CORRECT STATEMENT IS NHC

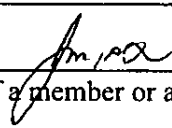
BY LORIANE LLC.

OR



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

Dated: **THE 10TH OF MAY** , **2010**


Signature of a member or authorized representative of a member

JOHN J MALERBA, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

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

10 MAY 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L10000047385
FILED 8:00 AM
May 03, 2010
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
NHC BY LORAIN, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
7154 N UNIVERSITY DR
STE 235
TAMARAC, FL. US 333212916

The mailing address of the Limited Liability Company is:
7154 N UNIVERSITY DR
STE 235
TAMARAC, FL. US 333212916

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:
LORAIN N GORDON
7154 N UNIVERSITY DR
STE 235
TAMARAC, FL. 333212916

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: LORAIN N GORDON

FILED
10 MAY 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
LORAIN N GORDON
7154 N UNIVERSITY DR STE 235
TAMARAC, FL. 333212916 US

Signature of member or an authorized representative of a member

Signature: JOHN J MALERBA

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FILED 8:00 AM
May 03, 2010
Sec. Of State
gmcleod

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10 MAY 13 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA