

L10000057786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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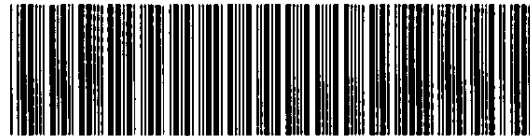
(Business Entity Name)

(Document Number)

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10 JUN 18 PM 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 21 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debra's Divine Care 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:

Debra A. Wallace
Name of Person

Debra's Divine Care LLC
Firm/Company

5608 Kenny Drive
Address

Tampa FL 33617
City/State and Zip Code

Debra61963@AOL.com
E-mail address: (to be used for future annual report notification)

FILED
10 JUN 18 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Debra A. Wallace at (813) 983-1860
Name of Person 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: Debra's Divine Care 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:

Debra's Divine Care LLC.

OR



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

Dated: June 16, 2010

Debra A. Wallace

Signature of a member or authorized representative of a member

DEBRA A. WALLACE

Typed or printed name of signee

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

FILED
10 JUN 18 PM 2:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

L10000057786
FILED 8:00 AM
May 28, 2010
Sec. Of State
btadlock

Article I

The name of the Limited Liability Company is:
DEBRA'S DEVINE CARE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5608 KENNY DRIVE
TAMPA, FL. HI 33617

The mailing address of the Limited Liability Company is:
5608 KENNY DRIVE
TAMPA, FL. US 33617

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:
DEBRA A WALLACE OWNER
5608 KENNY DRIVE
TAMPA, FL. 33617

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: DEBRA ANN WALLACE

Article V

The name and address of managing members/managers are:

Title: MGRM
DEBRA A WALLACE OWNER
5608 KENNY DRIVE
TAMPA, FL. 33617

L10000057786
FILED 8:00 AM
May 28, 2010
Sec. Of State
btadlock

Article VI

The effective date for this Limited Liability Company shall be:

06/01/2010

Signature of member or an authorized representative of a member

Signature: DEBRA ANN WALLACE