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C. LEWIS

JUL 2 7 2010

EXAMINER

COVER LETTER

	ation Section n of Corporations				
SUBJECT:	SUBJECT: VIVIAN CHARNECO, MD, PA, LLC				
	Name of Limited Liability Company				
Dear Sir or Mad	am:				
The enclosed Ar	ticles of Correction and fee(s) are submitted for filing	3.			
Please return all	correspondence concerning this matter to the followi	ng:			
-	LUIS R. CALDERON				
	Name of Person				
BELAI	R ACCOUNTING SERVICES, INC. Firm/Company	_			
	, ,				
	1631 E. VINE ST., STE H				
	Addiess				
	KISSIMMEE, FL 34744				
	City/State and Zip Code				
E-mail add	ADLUSH@AOL.COM ress: (to be used for future annual report notification)				
For further infor	mation concerning this matter, please call:				
	UO D. OAL DEDON.	944-9262			
	IIS R. CALDERON at (407 Name of Person Area C	Code & Daytime Telephone Number			
		•			
STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive	orations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Flor					
Enclosed is a ch	eck for the following amount:				
\$25 Filing Fed	\$30 Filing Fee & S55 Filing Fee & Certificate of Status	\$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E062 (08/05	9)				

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>r</u> : The name of the limited liability company is: VIVIAN CHARNECO, MD, PA, LLC.		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	<u>IT</u>	
7	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	-	
٠	ARTICLE III SHOULD READ: ANY LAWFULL PURPOSE AS PSYCHIATRY	AND	
	MENTAL HEALTH SERVICES.		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed a the appropriate correction are as follows:	nd 	
·			
Dated:	:		
	Signature of a member or authorized representative of a member		
	26		
Typed or printed name of signee			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

Electronic Articles of Organization For Florida Limited Liability Company

L10000073102 FILED 8:00 AM July 12, 2010 Sec. Of State gmcleod

Article I

The name of the Limited Liability Company is: VIVIAN CHARNECO, MD, PA, LLC

Article II

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

719 E. OAK STREET KISSIMMEE, FL. US 34744

The mailing address of the Limited Liability Company is:

719 E. OAK STREET KISSIMMEE, FL. US 34744

Article III

The purpose for which this Limited Liability Company is organized is:
ANY LAWFULL PURPOSE AS A PHYSICOLOGY

Article IV

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

VIVIAN CHARNECO 4004 SUNNY DAY WAY KISSIMMEE, FL. 34744

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: VIVIAN CHARNECO

Article V

The name and address of managing members/managers are:

Title: MGRM
VIVIAN CHARNECO
4004 SUNNY DAY WAY
KISSIMMEE, FL. 34744 US

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Article VI

The effective date for this Limited Liability Company shall be: 07/12/2010

Signature of member or an authorized representative of a member Signature: VIVIAN CHARNECO