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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE
DEC - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Susan Mochen & Associates, 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:

Susan Mochen
Name of Person

Dr. Susan Mochen & Associates, LLC
Firm/Company

1611 Berkshire Ave
Address

Jupiter, FL 33469
City/State and Zip Code

smochen@bellsouth.net
E-mail address: (to be used for future annual report notification)

FILED
2010 DEC -1 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Susan Mochen at (561) 373-2610
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:
Dr. Susan Mochen & Associates, 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:

There is no manager currently listed. A manager
needs to be listed and that manager is:

Susan Mochen

308 Tequesta Drive, Suite 18

Tequesta, FL 33469

OR



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

2010 DEC -1 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated: November 29, 2011

Susan Mochen
Signature of a member or authorized representative of a member

Susan Mochen
Typed or printed name of signee

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

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

L10000122060
FILED 8:00 AM
November 24, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
DR. SUSAN MOCHEN & ASSOCIATES, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
308 TEQUESTA DRIVE
SUITE 18
TEQUESTA, FL. US 33469

The mailing address of the Limited Liability Company is:
1611 BERKSHIRE AVENUE
JUPITER, FL. US 33469

Article III

The purpose for which this Limited Liability Company is organized is:
EDUCATIONAL THERAPY TO INCLUDE INDIVIDUAL TUTORING, READING
GROUPS, AND SOCIAL GROUPS

Article IV

The name and Florida street address of the registered agent is:
SUSAN E MOCHEN DR.
308 TEQUESTA DRIVE
SUITE 18
TEQUESTA, FL. 33469

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: SUSAN MOCHEN

Article V

The effective date for this Limited Liability Company shall be:
01/01/2011

Signature of member or an authorized representative of a member
Signature: SUSAN MOCHEN