# L10000124835

(Re	equestor's Name)	
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SECRETARY OF STATE



J. BRYAN

JAN 25 2011

EXAMINER

#### **COVER LETTER**

	of Corporations				
SUBJECT:	н	ealth Sen	nantics	LLC	
	Name	e of Limited Li	ability Co	mpany	
Dear Sir or Madar	m:				
The enclosed Artic	cles of Correction and fee(s)	are submitted	for filing.		
Please return all c	orrespondence concerning the	his matter to the	e followin	g:	
	Maria G. Sabate	•			PK = -
	Name of Person			_	<b>强</b> 复
					製まし
	Health Semantics I	LC		_	SEX TO M
	Firm/Company				THED WITH
	3966 Park Ave.				107 · -
	Address			···	
	Miami, FL 33133	3		<b></b>	
	City/State and Zip Code				
	abriela_sabate@hotmess: (to be used for future and		fication)	_	
For further inform	ation concerning this matter	, please call:			
N	Maria G. Sabate	at (	305	903-6803	
1	Name of Person		Area Co	de & Daytime Telephone Number	<del></del>
STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, Florid	on rations enter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a chec	ck for the following amoun	t:			
✓ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filir Certified		\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2011

MARIA G. SABATE HEALTH SEMANTICS LLC 3966 PARK AVE. MIAMI, FL 33133

SUBJECT: HEALTH SEMANTICS LLC

Ref. Number: L10000124835

We have received your document for HEALTH SEMANTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 711A00001062

Figure 1 and 1 most conditional standards.

Note thing will be an acident distrandanced.

Figure 1 and 2 and 2 modules compared given filters of were document, on the had

## 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	The name of the limited liability company is:  Health Semantics LLC	_
<u>SECO</u>	ND: The articles of organization or the application to transact business	
(CH	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
<b>✓</b>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:	
	The company was filed on December 6, 2010, but the effective date for	-
	Health Semantics LLC should have been January 1, 2011. Please make that	<del>.</del>
	correction to the statement.	-
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	-
	TALL HA	1
Dated:	January 3 2011 . ZO11	LED
	Signature of a member or authorized representative of a member	,
	Maria G. Sabate	
	Typed or printed name of signee	
	Filing Fee: \$25.00	

**Certified Copy:** 

\$30.00 (optional)

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

L10000124835 FILED 8:00 AM December 06, 2010 Sec. Of State jbryan

#### **Article I**

The name of the Limited Liability Company is: HEALTH SEMANTICS LLC

#### **Article II**

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

3966 PARK AVENUE MIAMI, FL. 33133

The mailing address of the Limited Liability Company is:

3966 PARK AVENUE MIAMI, FL. 33133

#### **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:

MARIA G SABATE 3966 PARK AVENUE MIAMI, FL. 33133

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: MARIA G. SABATE



Article V
The name and address of managing members/managers are:

Title: MGRM MARIA G SABATE 3966 PARK AVENUE MIAMI, FL. 33133

Signature of member or an authorized representative of a member Signature: MARIA G. SABATE

L10000124835 FILED 8:00 AM December 06, 2010 Sec. Of State jbryan

