

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : 1200300000004
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROVIDENCE LIVING, LLC

T. CLINE

MAR 24 2011

EXAMINER

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Page Count	3
Estimated Charge	\$60.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIDENCE LIVING, 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:

Andrew Eitingon, Esq.

Name of Person

Shutts & Bowen LLP

Firm/Company

300 S. Orange Ave., Suite 1000

Address

Orlando, FL 32801

City/State and Zip Code

aeitingon@shutts.com

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

For further information concerning this matter, please call:

Andrew Eitingon, Esq.

Name of Person

at (407)

835-6767

Area Code & Daytime Telephone Number

STREET/COURTIER ADDRESS:

Registration Section
Division of Corporations
Chilton 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

CR2E062 (08/05)

2011 MAR 23 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:
PROVIDENCE LIVING, 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:

The Articles inadvertently omitted the name and address of the Manager.

The Manager of Providence Living, LLC is Providence One Operating Co., LLC,

a Florida limited liability company, 7131 Business Park Lane Suite 100,

Lake Mary, FL 32746 US

OR



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

Dated: March 22, 2011


Signature of a member or authorized representative of a member

Andrew Eltingon, Esq.

Typed or printed name of signee

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

2011 MAR 23 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR-23-2011 10:48 From: _____

To: 850 617 6381

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MAR-14-2011 16:03 From: _____

To: 850 617 6381

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

PROVIDENCE LIVING, LLC

ARTICLE II - Address

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

7131 Business Park Lane
Suite 100
Lake Mary, Florida 32746

**ARTICLE III - Registered Agent and Office and
Registered Agent's Signature**

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

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue
Suite 1000 (ASE)
Orlando, Florida 32801-5403

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 as provided for in Chapter 608, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: _____

(Registered Agent's Signature)

J. Gregory Humphries, Vice President

Signature of a member or an
authorized representative of a member.

Andrew S. Bilingon, Authorized Representative

(In accordance with sections 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ORLDOCS 121129891

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