

L11000056731

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(Address)

(City/State/Zip/Phone #)

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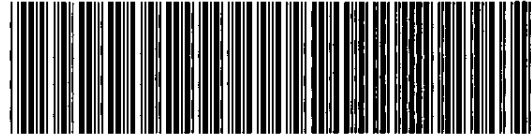
(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 27 PM 4:10

N. Culligan MAY 31 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YWilliamson RN CLNC, 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:

Yvonne Williamson

Name of Person

YWilliamson RN Legal Nurse Consultant, LLC

Firm/Company

9526 Argyle Forest Blvd Ste B2 #430

Address

Jacksonville, FL 32222

City/State and Zip Code

ymew719@msn.com

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

For further information concerning this matter, please call:

Yvonne Williamson

Name of Person

at (850) 324-1149

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 27 PM 4:10

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:

Y Williamson Rn Clnc, 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:

I had inadvertently listed a trademark certification as part of my business name,

and needed to remove the CLNC portion.

YWilliamson RN Legal Nurse Consultant, LLC

OR



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

Dated: May 25, 2011

Yvonne M. Williamson
Signature of a member or authorized representative of a member

Yvonne M. Williamson
Typed or printed name of signee

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

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

L11000056731
FILED 8:00 AM
May 13, 2011
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
Y WILLIAMSON RN CLNC, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
9526 ARGYLE FOREST BLVD, B2
MAILBOX 430
JACKSONVILLE, FL. 32222

The mailing address of the Limited Liability Company is:
9526 ARGYLE FOREST BLVD, B2
MAILBOX 430
JACKSONVILLE, FL. 32222

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:
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL. 32301

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: ADAM COOPER

Article V

The name and address of managing members/managers are:

Title: MGRM
YVONNE M WILLIAMSON
8708 RIBBON FALLS LANE
JACKSONVILLE, FL. 32244

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FILED 8:00 AM
May 13, 2011
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Signature of member or an authorized representative of a member

Electronic Signature: YVONNE M WILLIAMSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.