

From:

L11000076437

07/19/2011

#001/001

Florida Department of State
Division of Corporations
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((H11000184724 3)))



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

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
O&P CONNECT, LLC

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JUL 20 2011

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11 JUL 19 PM 4:34
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TALLAHASSEE, FLORIDA

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2011 JUL 19 AM 8:18

FILED

L11-76437

From:

07/19/2011 16:15

#150 P.002/002

((H11000184724 3)))

**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:
O&P Connect, 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 person's name in the principal office and mailing address in Article II, the
manager's name in Article IV and the signer's name were all incorrectly spelled.

The name should be Marita Carozza Schuele.

OR



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

Dated: July 19, 2011

/s/ Marita Carozza Schuele

Signature of a member or authorized representative of a member

Marita Carozza Schuele

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

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2011 JUL 19 AM 8:18
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TALLAHASSEE, FLORIDA

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From:

06/30/2011 15:57

#136 P.002/003

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

O&P Connect, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

c/o Marita Carozza Schuelle
19203 Cinnamon Ridge Way
Tampa FL 33647

Mailing Address:

c/o Marita Carozza Schuelle
19203 Cinnamon Ridge Way
Tampa FL 33647

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

National Corporate Research, Ltd., Inc.

Name

515 East Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City, State, and Zip

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, F.S.

Ann Marie Cummine

Registered Agent's Signature (REQUIRED)

ANN MARIE CUMMINE, REG. SEC.

(CONTINUED)

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11 JUN 30 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

06/30/2011 15:58

#136 P.003/003

((H11000172123 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGR</u>	<u>Marita Carozza Schuelle</u>
	<u>19203 Cinnamon Ridge Way</u>
	<u>Tampa FL 33647</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

/s/ Marita Carozza Schuelle

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

(In accordance with section 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. I am aware that any 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.)

Marita Carozza Schuelle

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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