

L11000094024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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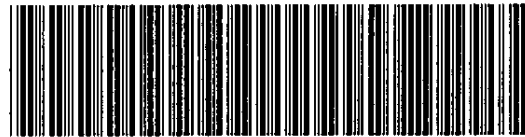
(Business Entity Name)

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11 AUG 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP - 1 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & F HEALTH ASSISTANCE, 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:

CAROLINE LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES

Firm/Company

8615 COMMODITY CIRCLE SUITE 06

Address

ORLANDO - FLORIDA 32819

City/State and Zip Code

VIPHAFL@HOTMAIL.COM

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

For further information concerning this matter, please call:

CAROLINE LARSON

Name of Person

at (407)

370-3686

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

CR2E062 (08/05)

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11 AUG 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

FILED
11 AUG 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
C & F HEALTH ASSISTANCE, 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:

Could you please add one more Manager/Member :

MGRM: CRISTINA FARIA

Address: 8810 COMMODITY CIRCLE SUITE 19 ORLANDO FL 32819 US

OR



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

Dated: August 17, 2011

Frank Y. [Signature]
Signature of a member or authorized representative of a member

Frank Y. [Signature]
Typed or printed name of signee

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

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

L11000094024
FILED 8:00 AM
August 16, 2011
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
C & F HEALTH ASSISTANCE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8810 COMMODITY CIRCLE SUITE 19
ORLANDO, FL. US 32819

The mailing address of the Limited Liability Company is:
8810 COMMODITY CIRCLE SUITE 19
ORLANDO, FL. US 32819

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:
LARSON ACCOUNTING & CONSULTING SERVICE LLC
8810 COMMODITY CIRCLE SUITE 06
ORLANDO, FL. 32819

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: CAROLINE LARSON

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AUG 31 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
FRANK YANEZ
8810 COMMODITY CIRCLE SUITE 19
ORLANDO, FL. 32819 US

L11000094024
FILED 8:00 AM
August 16, 2011
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

08/16/2011

Signature of member or an authorized representative of a member

Electronic Signature: FRANK YANEZ

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.

FILED
AUG 31 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA