

L12 000073309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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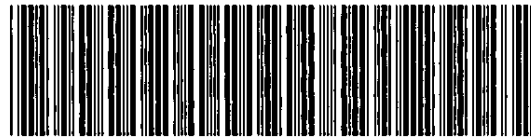
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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 12 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gianni S. DeCarolus, DDS, PLLC

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:

Julius H. Giarmarco, Esq.

Name of Person

Giarmarco, Mullins & Horton, P.C.

Firm/Company

101 W. Big Beaver, Suite 1000

Address

Troy, MI 48084

City/State and Zip Code

sandra@disinherit-irs.com

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

For further information concerning this matter, please call:

Sandra Rawls

Name of Person

at (248)

457-7215

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)

FILED
2012 JUN 11 PM 2:01
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.

FIRST: The name of the limited liability company is:
 Gianni S. DeCarolus, DDS, PLLC

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 name of the PLLC was incorrectly stated. The name of the LLC is:

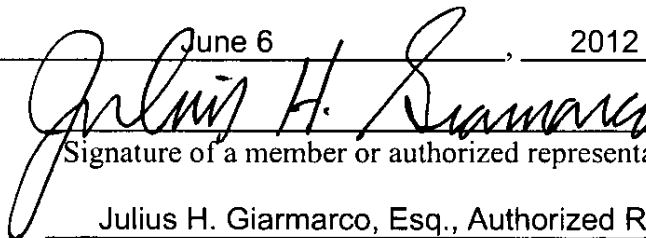
Gianni S. DeCarolus, D.M.D., PLLC

OR



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

Dated: June 6, 2012.


Signature of a member or authorized representative of a member

Julius H. Giarmarco, Esq., Authorized Representative

Typed or printed name of signee

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

FILED
2012 JUN 11 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L12000073309
FILED 8:00 AM
June 01, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:

GIANNI S. DECAROLIS, DDS, PLLC

Article II

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

1600 N.E. 9TH STREET
FORT LAUDERDALE, FL. US 33304

The mailing address of the Limited Liability Company is:

1600 N.E. 9TH STREET
FORT LAUDERDALE, FL. US 33304

Article III

The purpose for which this Limited Liability Company is organized is:

PROFESSIONAL DENTAL PRACTICE

Article IV

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

GIANNI S DECAROLIS
1600 N.E. 9TH STREET
FORT LAUDERDALE, FL. 33304

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: GIANNI S. DECAROLIS

Article V

The name and address of managing members/managers are:

Title: MGR
GIANNI S DECAROLIS
1600 N.E. 9TH STREET
FORT LAUDERDALE, FL. 33304 US

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FILED 8:00 AM
June 01, 2012
Sec. Of State
jbryan

Signature of member or an authorized representative of a member

Electronic Signature: JULIUS H. GIARMARCO, ESQ.

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.