

L120000102448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

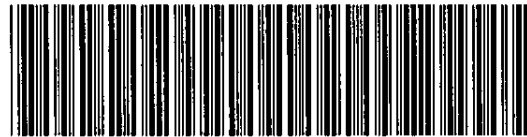
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 AM 8:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLGCENT 2180 IMMOKALEE, 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:

Richard D. Lyons, Esq.

Name of Person

Lyons & Lyons, P.A.

Firm/Company

27911 Crown Lake Blvd., Ste 201

Address

Bonita Springs, FL 34135

City/State and Zip Code

rlyons@lyons-law.com

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

For further information concerning this matter, please call:

Richard D. Lyons

Name of Person

at (239)

948-1823
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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 AM 8:43

**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:
FLGCENT 2180 IMMOKALEE, 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:

INCORRECT: Reidy, Patrick M. named as Managing Member (MGRM)

CORRECT: Reidy, Patrick M. is appointed Manger (MGR)

INCORRECT: HILL III, SAMUEL L. named as Managing Member (MGRM)

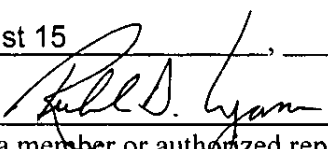
CORRECT: HILL III, SAMUEL L. is appointed Manger (MGR)

OR



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

Dated: August 15, 2012


Signature of a member or authorized representative of a member

Richard D. Lyons, Authorized Representative

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 17 AM 8:43

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

L12000102448
FILED 8:00 AM
August 09, 2012
Sec. Of State
kasaly

Article I

The name of the Limited Liability Company is:
FLGCENT 2180 IMMOKALEE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
11181 HEALTH PARK BLVD.
#1165
NAPLES, FL. US 34110

The mailing address of the Limited Liability Company is:
11181 HEALTH PARK BLVD.
#1165
NAPLES, FL. US 34110

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:
FARMER & ASSOCIATES, PLLC
999 VANDERBILT BEACH RD
SUITE 503
NAPLES, FL. 34108

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: AARON FARMER, FARMER & ASSOCIATES, PLLC

Article V

The name and address of managing members/managers are:

Title: MGRM
PATRICK M REIDY
11181 HEALTH PARK BLVD. #1165
NAPLES, FL. 34110 US

Title: MGRM
SAMUEL L HILL III
11181 HEALTH PARK BLVD. #1165
NAPLES, FL. 34110 US

L12000102448
FILED 8:00 AM
August 09, 2012
Sec. Of State
kasaly

Signature of member or an authorized representative of a member

Electronic Signature: LACEY FUELL, LEGALZOOM.COM, INC.

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.