

L120000118254

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 24 2012

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GMB Dermatology LLC (# L 12000118254)

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:

Jonathan Beschloss

Name of Person

Firm/Company

134 Trailwood Drive

Address

Hubert, NC 28539

City/State and Zip Code

jbeschloss@mac.com

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

For further information concerning this matter, please call:

Jonathan Beschloss

Name of Person

at ( 718 ) 664-8702

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  
TALLAHASSEE, FLORIDA

## ARTICLES OF CORRECTION FOR

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: **GMB Dermatology 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 incorrect statement is the Name "GMB Dermatology LLC." It is incorrect  
because of my error. The correct name should be: Jonathan Beschloss LLC

OR

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 21 PM 1:13

APPROVED  
AND  
FILED

Dated: September 17th, 2012

Signature of a member or authorized representative of a member

Jonathan Beschloss

Typed or printed name of signee

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

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

L12000118254  
FILED 8:00 AM  
September 17, 2012  
Sec. Of State  
alunt

**Article I**

The name of the Limited Liability Company is:  
GMB DERMATOLOGY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
134 TRAILWOOD DRIVE  
HUBERT, NC. 28539

The mailing address of the Limited Liability Company is:  
134 TRAILWOOD DRIVE  
HUBERT, NC. 28539

**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:  
WILLIAM W SEARS  
6160 NORTH DAVIS HIGHWAY  
PENSACOLA, FL. 32504

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: WILLIAM W. SEARS

## Article V

The name and address of managing members/managers are:

Title: MGR  
JONATHAN K BESCHLOSS  
134 TRAILWOOD DRIVE  
HUBERT, NC. 28539

Title: MGRM  
MARIA D BESCHLOSS  
134 TRAILWOOD DRIVE  
HUBERT, NC. 28539

L12000118254  
FILED 8:00 AM  
September 17, 2012  
Sec. Of State  
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Signature of member or an authorized representative of a member

Electronic Signature: JONATHAN BESCHLOSS

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.