

L12000146670

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12 DEC 17 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 17 2012

EXAMINER

W12-60512

NO\$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2012

TONY COWARD
9580 N.W. 11TH STREET
PLANTATION, FL 33322

SUBJECT: MILLER COVE ON THE CLAY LLC
Ref. Number: L12000146670

We have received your document for MILLER COVE ON THE CLAY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00028860

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AND
FILED
12 DEC 17 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miller Cove on The Cay 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:

Tony Coward
Name of Person

Tendell's Health Services Inc
Firm/Company

9580 N.W. 11th Street
Address

Plantation, FL 33322
City/State and Zip Code

Tendell113@Att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Coward at (954) 895-0045
Name of Person 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

CR2E062 (08/05)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 DEC 17 PM 5:17

APPROVED
AND
FILED

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:

Miller Cove on the Clay 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 last word in to NAME is
Spelled wrong The NAME should Read.
" Miller Cove on the Clay LLC

OR

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

Dated: 11/30/2012

Tony Coward
Signature of a member or authorized representative of a member

Tony Coward

Typed or printed name of signee

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

12 DEC 17 PM 5:17
STORE ASY DE STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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

**L12000146670
FILED 8:00 AM
November 21, 2012
Sec. Of State
ncausseaux**

Article I

The name of the Limited Liability Company is:
MILLER COVE ON THE CLAY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
10141 SOUTH WEST 3RD STREET
PLANTATION, FL. UN 33324

The mailing address of the Limited Liability Company is:
9580 NW 11TH STREET
PLANTATION, FL. UN 33322

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:
TENDELL'S HEALTH SERVICES INC
9580 NW 11TH STREET
PLANTATION, FL. 33322

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: TONY COWARD

Article V

The name and address of managing members/managers are:

Title: MGR
TONY COWARD
9580 NW 11TH STREET
PLANTATION, FL. 33322 UN

Title: MGR
ENDELL COWARD-MILLER
9580 NW 11TH STREET
PLANTATION, FL. 33322 UN

L12000146670
FILED 8:00 AM
November 21, 2012
Sec. Of State
ncausseaux

Article VI

The effective date for this Limited Liability Company shall be:

11/19/2012

Signature of member or an authorized representative of a member

Electronic Signature: TONY COWARD

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.