

L13000096683

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JUL 12 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Health Tech 5**

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:

Johnathan Jimenez

Name of Person

Health tech 5

Firm/Company

209 Harrison ave.

Address

Belleair Beach fl. 33786

City/State and Zip Code

unifiedtheory2003@yahoo.com

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

For further information concerning this matter, please call:

Johnathan Jimenez

at (

727

5640284

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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2013 JUL 11 PM 12:40
TALLAHASSEE, FL 32301

2013 JUL 11 PM 12:40

6011 611

**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:

Health Tech 5, LLC

L13000096683

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:

IT says, title Mgr.; Jimenez Robert :. it should say: title Mgr. Jimenez Johnathan

OR



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

Dated: July 7, 2013

Johnathan Jimenez
Signature of a member or authorized representative of a member

Johnathan Jimenez

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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

L13000096683
FILED 8:00 AM
July 08, 2013
Sec. Of State
dbutler

Article I

The name of the Limited Liability Company is:
HEALTH TECH 5 LLC

Article II

The street address of the principal office of the Limited Liability Company is:
209 HARRISON AVE
BELLEAIR BEACH, F. 33786

The mailing address of the Limited Liability Company is:
209 HARRISON AVE
BELLEAIR BEACH, F. 33786

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:
JOHNATHAN JIMENEZ
209 HARRISON AVE
BELLEAIR BEACH, FL. 33786

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: JOHNATHAN JIMENEZ

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGR
ROBERT JIMENEZ
209 HARRISON AVE
BELLEAIR BEACH, FL. 33786

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FILED 8:00 AM
July 08, 2013
Sec. Of State
dbutler

Article VI

The effective date for this Limited Liability Company shall be:

07/02/2013

Signature of member or an authorized representative of a member

Electronic Signature: JOHNATHAN JIMENEZ

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.

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2013 JUL 11 PM 12:40
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TALLAHASSEE, FLORIDA