

L13000116830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

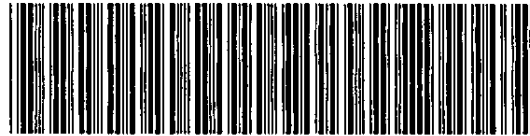
(Business Entity Name)

(Document Number)

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2013 SEP 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McGraw Hill SEP 11 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLM CHARTER, 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:

DOTTY BOLLINGER

Name of Person

Laser Spine Institute Consulting, LLC

Firm/Company

3031 N ROCKY POINT DR. W., SUITE 300

Address

TAMPA, FLORIDA 33607

City/State and Zip Code

CSTAFFORD@LASERSPINEINSTITUTE.COM

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

For further information concerning this matter, please call:

CHRISTINA STAFFORD at (813) 289-9613

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

**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:
CLM Charter, 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:

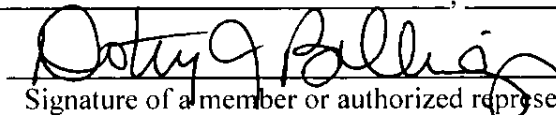
See attached

OR



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

Dated: August 23, 2013



Signature of a member or authorized representative of a member

Dotty Bollinger

Typed or printed name of signee

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Incorrect statement: Article I of the Articles of Organization for Florida Limited Liability Company incorrectly reflected the name of the entity as CLM Charter, LLC.

Reason the statement is incorrect: The statement is incorrect because the entity name is CLM Aviation, LLC.

Corrected statement: The entity name is CLM Aviation, LLC.

2. Incorrect statement: Article IV of the Articles of Organization for Florida Limited Liability Company incorrectly reflected the names of the managing members as Horne Management, Inc. and Laser Spine Institute, LLC.

Reason the statement is incorrect: The statement is incorrect because Horne Management, Inc. and Laser Spine Institute, LLC are not Managing Members.

Corrected statement: The corrected Article IV is the Manager is LSI Management Company, LLC, as follows:

MGR	LSI Management Company, LLC
	3001 North Rocky Point Drive E, Suite 380
	Tampa, FL 33607

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

L13000116830
FILED 8:00 AM
August 19, 2013
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
CLM CHARTER, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
3031 N ROCKY POINT DRIVE W
SUITE 300
TAMPA, FL. 33607

The mailing address of the Limited Liability Company is:
3031 N ROCKY POINT DRIVE W
SUITE 300
TAMPA, FL. 33607

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:
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

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: ANGEL NUNEZ

Article V

L13000116830
FILED 8:00 AM
August 19, 2013
Sec. Of State
thampton

The name and address of managing members/managers are:

Title: MGRM
HORNE MANAGEMENT INC.
8198 WOODLAND CENTER BLVD
TAMPA, FL. 33614

Title: MGRM
LASER SPINE INSTITUTE, LLC
3001 N ROCKY POINT DR E., SUITE 380
TAMPA, FL. 33607

Signature of member or an authorized representative of a member

Electronic Signature: DOTTY BOLLINGER

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.