

L14000091604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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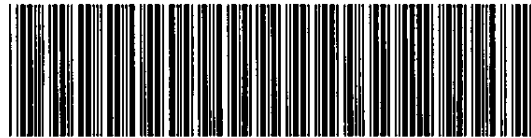
(Business Entity Name)

(Document Number)

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2014 APR 21 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan

APR 25 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LIFE & HEALTH OPTIONS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PEGGY PATTERSON

Name of Person

LIFE & HEALTH OPTIONS, LLC

Firm/Company

1634 S E 47TH ST. STE. 16

Address

CAPE CORAL, FL. 33909

City/State and Zip Code

pegpatson.pp@gmail.com

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

For further information concerning this matter, please call:

PEGGY PATTERSON

239

810-6241

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

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED

2014 APR 21 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: LIFE & HEALTH OPTIONS, LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000051604

**THIRD:** Document to be corrected is:  
ARTICLE IV OF ARTICLES OF ORGANIZATION

**(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:

BETTY C. CALLENDER SHOULD HAVE BEEN LISTED AS REGISTERED

AGENT AS WELL AS IN ARTICLE IV AS MEMBER "AMBR"

**OR**

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

**OR**

- ☐ The electronic transmission of the record was defective.

Peggy Patterson  
Signature of Authorized Representative

04-17-2014

Date

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

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

L14000051604  
FILED 8:00 AM  
March 28, 2014  
Sec. Of State  
tburch

**Article I**

The name of the Limited Liability Company is:

LIFE & HEALTH OPTIONS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1634 S E 47TH ST  
16  
CAPE CORAL, FL. 33904

The mailing address of the Limited Liability Company is:

39 N E 10TH AVE  
CAPE CORAL, FL. 33909

**Article III**

The name and Florida street address of the registered agent is:

BETTY CALLENDER  
1229 S W 24TH ST  
CAPE CORAL  
CAPE CORAL, FL. 33991

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: BETTY C CALLENDER

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
PEGGY PATTERSON  
39 N E 10TH AVE  
CAPE CORAL, FL. 33909

L14000051604  
FILED 8:00 AM  
March 28, 2014  
Sec. Of State  
tburch

#### **Article V**

The effective date for this Limited Liability Company shall be:

03/26/2014

Signature of member or an authorized representative

Electronic Signature: PEGGY PATTERSON

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.