

L 14000073319

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
MAY 29 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Matthews Bowen PLLC
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:

Lisha Bowen
Name of Person

Matthews Bowen PLLC
Firm/Company

400 N. Ashley Drive, Suite 2600
Address

Tampa, FL 33602
City/State and Zip Code

Lisha.Bowen@MBInals.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisha Bowen at (813) 995-5580
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**

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: Matthews Bowen PLLC

SECOND: The Florida Document number of the limited liability company is: L14000073319

THIRD: Document to be corrected is:
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:

Article V was a scrivener's error. Managers
are:

Marc Matthews P.A
Lisha Bowen P.A.

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.

Lisha Bowen _____ 5/16/14
Signature of Authorized Representative Date

2014 MAY 19 PM 12:30
FILED
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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