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CLERK OF STATE
TALLAHASSEE, FL 0612

N. Gulligan JUN 13 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Arviv Balanced Health, 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:

Tall Arviv

Name of Person

Firm/Company

11309 Countryway Blvd.

Address

Tampa, FL 33626

City/State and Zip Code

arvivmd@gmail.com

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

For further information concerning this matter, please call:

Tall Arviv

813

841-8209

at ()

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:

P.O. Box 6327
Tallahassee, FL
32314

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

CR2E062 (2/14)

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2014 JUN 12 PM 1: 54

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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: Dr. Arviv Balanced Health, LLC

SECOND: The Florida Document number of the limited liability company is: L14000087212

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:

The name was entered incorrectly and should read:

Balanced Health, PLLC

The purpose of the business is an internal medicine practice.

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.

Julian

6/7/14

Signature of Authorized Representative

Date

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

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

L14000087212
FILED 8:00 AM
May 30, 2014
Sec. Of State
syoun

Article I

The name of the Limited Liability Company is:
DR. ARVIV BALANCED HEALTH, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
11327 COUNTRYWAY BLVD.
TAMPA, FL. 33626

The mailing address of the Limited Liability Company is:
11327 COUNTRYWAY BLVD.
TAMPA, FL. 33626

Article III

The name and Florida street address of the registered agent is:
DONALD KRUSE
11309 COUNTRYWAY BOULEVARD
TAMPA, FL. 33626

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: DONALD KRUSE

Article IV

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

Title: MGR
TALI ARVIV
11327 COUNTRYWAY BLVD.
TAMPA, FL. 33626

L14000087212
FILED 8:00 AM
May 30, 2014
Sec. Of State
syoun

Article V

The effective date for this Limited Liability Company shall be:

05/30/2014

Signature of member or an authorized representative

Electronic Signature: TALI ARVIV

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 § 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.