

L14000108346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

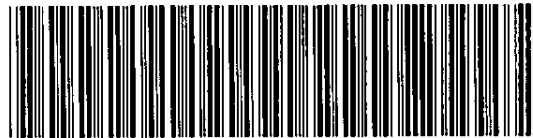
(Business Entity Name)

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14 JUL 30 AM 10:43

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14 JUL 30 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 31 2014

T. BROWN



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 220567 8004088

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : July 17, 2014

ORDER TIME : 4:26 PM

ORDER NO. : 220567-010

CUSTOMER NO: 8004088

DOMESTIC CORRECTION FILING

NAME: SOLUTION RESPIRATORY THERAPY,
LLC

EFFECTIVE DATE:

XX STATEMENT OF CORRECTION
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLUTION RESPIRATORY THERAPY, 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:

MM Marie Jeanestal Pierre-Louis

Name of Person

Solution Respiratory Therapy, LLC.

Firm/Company

5040 SW 13th Street

Address

North Lauderdale, Florida, 33068

City/State and Zip Code

JP121934@yahoo.com

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

For further information concerning this matter, please call:

Marie Jeanestal Pierre-Louis

954

226-4458

Name of Person

at ()

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

CR2E062 (2/14)

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

FILED
14 JUL 30 PM 4:45
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: SOLUTION RESPIRATORY THERAPY, LLC

SECOND: The Florida Document number of the limited liability company is: L14000108346

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:

MEMBER NAME CORRECTION TO: MARIE JEANESTAL PIERRE-LOUIS

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.

Marie Jeanestal Pierre-Louis
Signature of Authorized Representative
MARIE JEANESTAL PIERRE-LOUIS, MEMBER

7/28/2014

Date

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