

L07000013275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

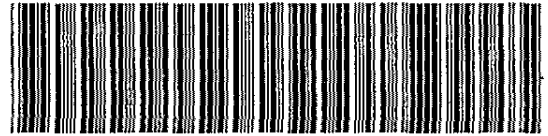
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500090547635

03/05/07--01052--020 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -5 PM 2:34

J. BRYAN MAR - 6 2007.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROJECT NOVATIONS, 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:

Denis Fishman, Esq.

(Name of Person)

Law Offices of Denis Fishman, LLC

(Firm/Company)

1250 E. Hallandale Beach Blvd., Suite 605

(Address)

Hallandale, FL 33009

(City/State and Zip Code)

For further information concerning this matter, please call:

Denis Fishman

(Name of Person)

at (954) 455-5033

(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

FILED OF STATE
SECRETARY OF CORPORATIONS
07 MAR -5 PM 2:34

**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:
PROJECT NOVATIONS, 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:
Article V " The names and address of the managing members/managers are;" of the attached Articles
through inadvertent omission contains incorrect statement: "Title: MRGM AVENUE HOLDINGS GMBH, AUSTRIA
16500 COLLINS AVE., APT. 1255 SUNNY ISLES BEACH, FL. 33160". The correct statement is:
"Title: MGRM AVENUE NORTH AMERICA GmbH, AUSTRIA Schottenring 12, A-1010 Vienna, Austria ".

OR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated: March 2nd, 2007



Signature of a member or authorized representative of a member

Denis Fishman

Typed or printed name of signee

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

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

L07000013275
FILED 8:00 AM
February 06, 2007
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:
PROJECT NOVATIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1250 E. HALLANDALE BEACH BLVD.,
605
HALLANDALE, FL. US 33009

The mailing address of the Limited Liability Company is:
1250 E. HALLANDALE BEACH BLVD.,
605
HALLANDALE, FL. US 33009

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:
FISHMAN DENIS
16500 COLLINS AVE.,
1255
SUNNY ISLES BEACH, FL. 33160

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: DENIS FISHMAN

FILED
SECRETARY OF STATE
CORPORATIONS
DIVISION
07 MAR - 5 PM 2:34

Article V

The name and address of managing members/managers are:

Title: MGRM
JUZEK YAKOBI
3600 MYSTIC POINTE DR. APT. 1016
AVENTURA, FL. 33180 US

Title: MGRM
EDELMAN SOLOMON DR.
BP 20
1050 BRUSSELS, -25 BELGIUM, BE. 1050 BE

Title: MGRM
AVENUE HOLDINGS GMBH, AUSTRIA
16500 COLLINS AVE, APT. 1255
SUNNY ISLES BEACH, FL. 33160 US

Signature of member or an authorized representative of a member

Signature: DENIS FISHMAN

L07000013275
FILED 8:00 AM
February 06, 2007
Sec. Of State
dbruce

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAR -5 PM 2:34