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Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065 Phone : (954)525-7500

Fax Number : (954)761-8475

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OJOS MANAGEMENT, LLC

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(((H070001433513)))

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 OJOS N		The name of the	e limited liability compa	iny is:		
SECO	<u>ND</u> :	The articles of	organization or the appl	cation to transact business		
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	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: DUE TO A SCRIVENER'S ERROR, THE NAME OF THE LIMITED LIABILITY COMPANY IS INCORRECT.					
•	THE N	NAME OF THE I	IMITED LIABILITY CO	MPANY IS: OJUS MANAGEME	NT. EES	
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Dated:	MAY	Dany	member or authorized	2007 representative of a member		
		TANYA L. B	OWER, ESQ., AUTH Typed or printed nam	ORIZED REPRESENTATIVE ne of signee		
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)		
CR2E062	2 (08/05)					

Electronic Articles of Organization For Florida Limited Liability Company

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Article I

The name of the Limited Liability Company is: OJOS MANAGEMENT, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 2370 SW 131ST TERRACE DAVIE, FL. US 33325

The mailing address of the Limited Liability Company is: 2370 SW 131ST TERRACE

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:

TANYA L BOWER ESQ. C/O TRIPP SCOTT, P.A. 110 SE 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL. 33301

DAVIE, FL. US 33325

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: TANYA L. BOWER, ESQ.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(((H070001433513)))

Article (((H07000143351 3)))

The name and address of managing members/managers are:

Title: MGR ARISTOTLE D PAPASTAVROS 2370 SW 131ST TERRACE DAVIE, FL. 33325 US

Title: MGR TOMMY D PAPASTAVROS 2370 SW 131ST TERRACE DAVIE, FL. 33325 US

Signature of member or an authorized representative of a member Signature: TANYA L. BOWER, ESQ.

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SECRETARY OF STATE