

L08000002239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

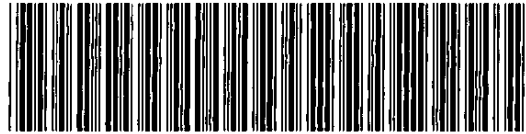
(Business Entity Name)

(Document Number)

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08 JAN 28 AM 11:18
SECRETARY OF STATE
TALAHASSEE, FLORIDA

FILED

BA. Thomas JAN 29 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUEBERRY TRUST, 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:

JAMIE SYLVESTER
(Name of Person)

ANDERSON BUSINES ADVISORS, PLLC
(Firm/Company)

20819 72ND AVENUE SOUTH, SUITE 110
(Address)

KENT, WASHINGTON 98032
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMIE SYLVESTER at (800) 706-4741
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 28 AM 11:18

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**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:
BLUEBERRY TRUST, 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:
THE MANAGER WAS FILED INCORRECTLY. THE MANAGER IS FLK REAL ESTATE, LTD.
THE MANAGER'S ADDRESS IS: 115 LOUDEN LOOP, MOUNT SINAI, NY 11766, US.

OR

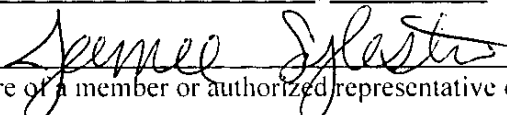
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated: JANUARY 23RD, 2008



Signature of a member or authorized representative of a member

JAMIE SYLVESTER - AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signee

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

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

L08000002239
FILED 8:00 AM
January 07, 2008
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
BLUEBERRY TRUST, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5397 MIRROR LAKES BOULEVARD
BOYNTON BEACH, FL. US 33472

The mailing address of the Limited Liability Company is:
5397 MIRROR LAKES BOULEVARD
BOYNTON BEACH, FL. US 33472

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:
NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL. 33331

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: XONDA DIVEN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JAN 28 AM 11:18

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Article V

The name and address of managing members/managers are:

Title: MGR
FRED KIVELOWITZ
115 LOUDEN LOOP
MOUNT SINAI, NY. 11766 US

Signature of member or an authorized representative of a member

Signature: JAMIE SYLVESTER

L08000002239
FILED 8:00 AM
January 07, 2008
Sec. Of State
mthomas

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08 JAN 28 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA