

**L08000047650**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

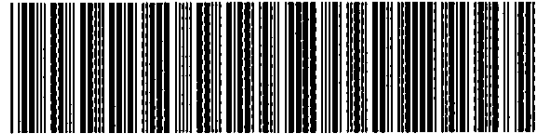
(Business Entity Name)

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RECEIVED  
08 MAY 30 PM 4: 17  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 30 AM 8: 14  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**B. KOHR**

JUN - 2 2008

**EXAMINER**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 568217 7648984

AUTHORIZATION

*Spuddean*

COST LIMIT : \$ 25.00

FILED  
08 MAY 30 AM 8:14  
TALLAHASSEE, FLORIDA

ORDER DATE : May 13, 2008

ORDER TIME : 3:41 PM

ORDER NO. : 568217-005

CUSTOMER NO: 7648984

DOMESTIC AMENDMENT FILING

NAME: NORTH A MANOR, LLC

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**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:  
NORTH A MANOR, 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 IV:

\_\_\_\_\_  
Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: The Hugo E. Ramirez and Constanza Ramirez Trust Agreement of 1991

\_\_\_\_\_

**OR**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated: May 29, 2008

/s/ Hugo E. Ramirez

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Hugo E. Ramirez

\_\_\_\_\_  
Typed or printed name of signee

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

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MAY 30 AM 8:14  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORTH A MANOR, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4315 W. NORTH A ST.

TAMPA, FL 33609

**Mailing Address:**

4315 W. NORTH A ST.

TAMPA, FL 33609

FILED  
08 MAY 13 PM 3:35  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, State, and Zip

*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 as provided for in Chapter 608, F.S..*

Corporation Service Company

BY: Kimberly B. Moret

(Registered Agent's Signature (REQUIRED))

Kimberly B. Moret  
as its agent

(CONTINUED)

Page 1 of 2

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

The Hugo Enrique Ramirez and Costanza Ramirez  
Trust of 1991, 24815 Acropolis Dr.  
Mission Viejo, CA 92691

\_\_\_\_\_  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

/s/ Hugo E. Ramirez

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hugo E. Ramirez

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)