L09000014442

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700143845917

DEPARTATION STATE
ONVISION OF CORPORATION
TALL/MASSEE, FLORID

RECEIVED

B. KOHR FEB 1 9 2009

EXAMINER





ACCOUNT NO. : 07210000032			
REFERENCE : 897343 7666596			
REFERENCE : 897343 7666596 AUTHORIZATION : Tressole No. 1			
COST LIMIT : \$ 25.00			
ORDER DATE : February 18, 2009			
ORDER TIME: 3:56 PM			
ORDER NO. : 897343-005			
CUSTOMER NO: 7666596			
DOMESTIC AMENDMENT FILING			
NAME: 4220 N. MIAMI AVENUE, LLC			
XX ARTICLES OF AMENDMENT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Heather Chapman EXT# 2908			

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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: 4220 N. Miami Avenue, LLC		
SECO	ND: The articles of organization or the application to transact business		
(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)			
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article II - Incorrect mailing address and street address of principal office. Correct mailing		
	and street address is 5948 N. Broadway Chicago, IL 60660, Attn: Michael Galanopulos.		
	Article III - Incorrect initial manager. Correct manager is Hermes Capital, LLC		
	5948 N. Broadway, Chicago, IL 60660, Attn: Michael Galanopulos		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
	5-1 10 / 2000		
Dated:	February 18, / 2009		
	Signature of a member authorized representative of a member		
	Shari B. Olefson, Esq., Authorized Representative		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

CR2E062 (08/05)



FILED M 8: 15
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the laws of Florida, hereby adopts the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be 4220 N. Miami Avenue, LLC (the "Company").

ARTICLE II - NATURE OF BUSINESS AND MAILING ADDRESS

The Company is organized for the purpose of transacting any or all lawful business. The mailing address and street address of the principal office of the Company shall be 5960 N. Broadway, Chicago, IL 60660, Attention: Demetris Giannoulias.

ARTICLE III - MANAGEMENT

The Company shall be manager-managed, unless otherwise determined by the Members. The number of managers (if any) shall be determined by the Members. The manager or managers shall be appointed by the Members and shall serve until the first annual meeting of the Members, or until his, her or its successor is elected and qualified. The initial manager is Broadway Bank.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of the Company is Shari Olefson, P.A., 15 SE 9th Avenue, Fort Lauderdale, FL 33301, and the name of the initial registered agent of the Company is Shari B. Olefson, Esq.

IN WITNESS WHEREOF, the undersigned, an authorized representative of the members, has executed these Articles of Organization on the 8th day of January 2009.

Shari Oleison, Authorized Representative

(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.)

ACCEPTANCE AND DESIGNATION OF REGISTERED AGENT

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, Florida Statutes.

SHARI OLEFSON, P.A.

Bv:

Shari B. Olefson