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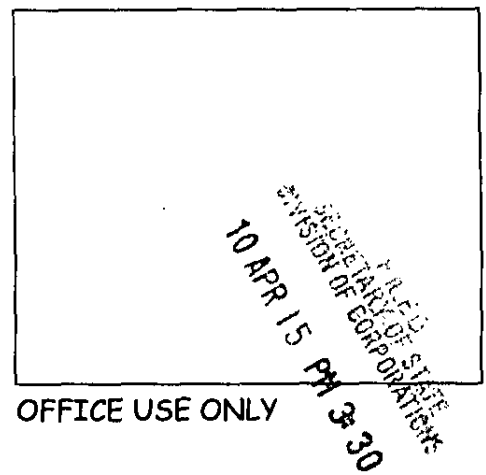
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B. KOHR

APR 15 2010

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)656-6446



WALK-IN

ENTITY NAME:

EL-AD KESWICK VILLAGE MANAGEMENT, LLC

CK# 4547 FOR \$55.00

PLEASE FILE THE ATTACHED CORRECTION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

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.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR 15 PM 3:30

FIRST: The name of the limited liability company is:
EL-AD KESWICK MANAGEMENT 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:

Incorrect Statement - Article I: - Name - The Name of the Limited Liability

Company is EL-AD KESWICK MANAGEMENT LLC - Reason: Name incorrect.

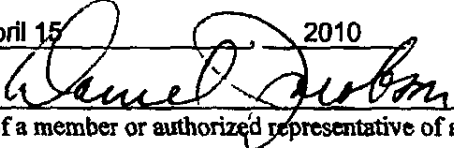
Correct Statement - Article I: The Name of the Limited Liability Company is

EL-AD KESWICK VILLAGE MANAGEMENT LLC

OR

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

Dated: April 15 2010


Signature of a member or authorized representative of a member

Daniel Jacobson
Typed or printed name of signee

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

**ARTICLES OF ORGANIZATION
OF
EL-AD KESWICK MANAGEMENT LLC**
In compliance with Chapter 608 of the Florida Limited
Liability Company Act

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DIVISION OF CORPORATIONS
10 APR 14 PM 12:43

ARTICLE I: - Name

The name of the Limited Liability Company is **EL-AD KESWICK MANAGEMENT LLC**

ARTICLE II: - Address

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

**1301 International Parkway
Suite 200
Sunrise, Florida 33323**

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

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

**NRAI Services, Inc.
2731 Executive Park Drive
Suite 4
Weston, Florida 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 as provided for in Chapter 608, F.S.


NRAI Services, Inc.

By: 

Name: **Peter F. Souza**
Title: **Assistant Secretary**

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by a single Member and is, therefore, a member - managed company.


Daniel Jacobson, Authorized Signer

(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.)

Daniel Jacobson
Typed or printed name of signee