

L12000086094

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

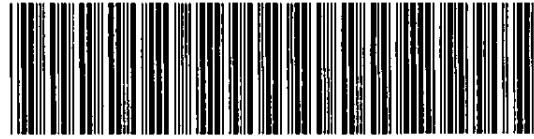
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AUG - 1 2012

**EXAMINER**



400237821504

07/30/12--01019--017 \*\*25.00

**FILED**  
12 JUL 30 PM 4: 09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:  
1603 NE JENSEN BEACH BLVD 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 in Article V to be deleted:

"Title: MGR / Jakob A. Marley / 39 West High Point Road, Stuart, FL 34996"

Reason: There is only one (1) managing member of the LLC (Jack A. Marley),  
and there are no managers.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: July 26, 2012

*[Signature]*  
Signature of a member or authorized representative of a member

JACK A MARLEY

Typed or printed name of signee

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12 JUL 30 PM 4: 09  
FILED

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

L12000086094  
FILED 8:00 AM  
July 02, 2012  
Sec. Of State  
ncausseau

**Article I**

The name of the Limited Liability Company is:  
1603 NE JENSEN BEACH BLVD LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
39 WEST HIGH POINT ROAD  
STUART, FL. 34996

The mailing address of the Limited Liability Company is:  
39 WEST HIGH POINT ROAD  
STUART, FL. 34996

**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:  
JACK A MARLEY  
39 WEST HIGH POINT ROAD  
STUART, FL. 34996

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: JACK A MARLEY

## Article V

The name and address of managing members/managers are:

Title: MGRM  
JACK A MARLEY  
39 WEST HIGH POINT ROAD  
STUART, FL. 34996

Title: MGR  
JAKOB A MARLEY  
39 WEST HIGH POINT ROAD  
STUART, FL. 34996

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FILED 8:00 AM  
July 02, 2012  
Sec. Of State  
ncausseaux

Signature of member or an authorized representative of a member

Electronic Signature: JACK A MARLEY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1603 NE JENSEN BEACH BLVD 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:

D.R. Girvin, Esquire

Name of Person

Douglas Rawls Girvin, P.A.

Firm/Company

P.O. Box 625

Address

Jupiter, FL 33468-0625

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D.R. Girvin, Esquire

Name of Person

at ( 561 )

746-6669  
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