

# L12000133071

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOHIN FAMILY SAVINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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OCT 29 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOHIN FAMILY SAVINGS 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:

MAX A. ADAMS, ESQ.  
Name of Person

THE MEDILAW FIRM  
Firm/Company

325 ALMERIA AVENUE  
Address

CORAL GABLES, FLORIDA 33134  
City/State and Zip Code

angie@themedilawfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Perez at ( 305 ) 444-3484  
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

CR2E062 (08/05)

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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:  
MOHIN FAMILY SAVINGS, 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:

NAME OF THE CORPORATION WAS INCORRECT. THE NAME SHOULD

BE "ARORA FAMILY SAVINGS LLC". PLEASE CORRECT LLC NAME.

**OR**

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

Dated: OCTOBER 25, 2012

  
Signature of a member or authorized representative of a member

GEETIKA ARORA

Typed or printed name of signee

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

CR2E062 (08/05)

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H120000352410

Effective Date 10/17/12

**Articles of Organization  
of**

**Mohin Family Savings, LLC**

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a limited liability company under the State of Florida Limited Liability Company Act, adopt(s) the following Articles of Organization for such limited liability company.

**Article 1. Name of Limited Liability Company**

The name of this limited liability company is Mohin Family Savings, LLC

**Article 2. Registered Office and Registered Agent**

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

The Law Offices of Max A. Adams, Esq., PLLC  
325 Almeria Avenue  
Coral Gables, FL, 33134

**Article 3. Statement of Purposes**

The purposes for which this limited liability company is organized are:

Any and all lawful business.

**Article 4. Management and Names and Addresses of Initial Manager**

This will be a member-managed company. The name and address of each managing member are as follows:

Title: MGRM  
Name: Geetika Mohin  
Address: 900 Bay Drive, Apt. L-11  
Miami Beach, Florida 33141

**Article 5. Principal Place of Business of the Limited Liability Company**

The principal place of business of the limited liability company shall be:

Address: 900 Bay Drive, Apt. L-11  
Miami Beach, Florida 33141

**Article 6. Period of Duration of the Limited Liability Company**

The period of duration of the limited liability company shall be:

"Perpetual"

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**Article 7. Company Existence**

The Company's existence shall begin effective as of 10/17/12

The authorized members executed these Articles of Organization on 10/17/2012.



Max A. Adams, Attorney in Fact

10/17/12  
DATE

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**STATEMENT OF REGISTERED AGENT**

**LIMITED LIABILITY COMPANY:**

MOHIN FAMILY SAVINGS, LLC

**REGISTERED AGENT/OFFICE:**

The Law Offices of Max A. Adams, Esq., PLLC  
325 Almeria Avenue  
Coral Gables, FL. 33134

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.



The Medi-Law Firm, by  
Max A. Adams, Attorney in Fact

10/17/12  
DATE

Registered Agent for  
MOHIN FAMILY SAVINGS, LLC

Date: 10/17/12

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