

# L12000155959

Florida Department of State  
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From: Account Name : LEVINE & PARTNERS, P.A.  
Account Number : 074677001117  
Phone : (305) 372-1350  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MAISON PROUST, LLC

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EXAMINER

**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:

MAISON PROUST, 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:

Maison Proust, LLC is the incorrect name.

The correct name of the entity should be:

Maison Proust NY, LLC.

**OR**

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

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

Dated: December 14, 2012

*Gabriella Bellio*  
Signature of a member or authorized representative of a member

GABRIELLA BELLIO  
Typed or printed name of signee

Filing Fee: \$25.00  
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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000155959  
FILED 8:00 AM  
December 13, 2012  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
MAISON PROUST, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL. US 33154

The mailing address of the Limited Liability Company is:  
9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL. US 33154

**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:  
ALAN W LEVINE  
1110 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL. 33131

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: ALAN W. LEVINE

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## Article V

The name and address of managing members/managers are:

Title: MGR  
NOELE NORTON  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Title: MGR  
GABRIELA BELLIO  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Title: MGR  
LUIZ FELIPE MAIA  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Signature of member or an authorized representative of a member

Electronic Signature: NOELE NORTON

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.

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December 13, 2012  
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