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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for furtur annual report mailings. Enter only one email address please. Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADDISON BOYER MISTY PINES CIRCLE LLC

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D. Walley

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Help

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

FIRST	T: The name of the limited liability company is: Addison Boyer Misty Pines Circle LLC		
<u>seco</u>			
<u>(CH</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	<u>ient</u>	
√	is date		
	of filing, but a date in the future. The effective date is January 1, 2014.		
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	Was defectively signed. The manner in which the document was defectively signed the appropriate correction are as follows:	AM 6: 0	
Dated:	: December 3,2013		
	(Sush Mais)		
	Signature of a member or authorized representative of a member		
	Farah Moiso		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

Electronic Articles of Organization For Florida Limited Liability Company

L13000166362 FILED 8:00 AM December 02, 2013 Sec. Of State jshivers

Article I

The name of the Limited Liability Company is:
ADDISON BOYER MISTY PINES CIRCLE LLC

Article II

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

824 CHIPPEWA TRAIL FRANKLIN LAKES, NJ. US 07417

The mailing address of the Limited Liability Company is:

824 CHIPPEWA TRAIL FRANKLIN LAKES, NJ. US 07417

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:

VCORP SERVICES, LLC 5011 SOUTH STATE ROAD 7, SUITE 106 DAVIE, FL. 33314

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: ISAAC MULLER, MANAGER

Article V

The name and address of managing members/managers are:

Title: MGRM LEONARD R ADDISON 824 CHIPPEWA TRAIL FRANKLIN LAKES, NJ. 07417 US

Title: MGRM LINDA R BOYER 21 BROOK PLACE GLEN ROCK, NJ. 07452 US L13000166362 FILED 8:00 AM December 02, 2013 Sec. Of State jshivers

Signature of member or an authorized representative of a member

Electronic Signature: FARAH MOISO

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.