L12000058866

(Re	questor's Name)	~,*
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
;		

Office Use Only



900234743659

05/14/12--01035--005 **25.00

FILED

12 MAY IL PH 1: 11

SECRETARY OF STATE
AND ANASSEE, FLORIDA

C. LEWIS MAY 15 2012 EXAMINER

* COVER LETTER;

TO: Registration Section Division of Corporations	
SUBJECT: KYRIS1, LLC	•
Name of Limited Liability Co	mpany
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	g:
MANUEL DINER	
Name of Person	_
MANUEL DINER, P.A.	
Firm/Company	
7735 NW 146 STREET, SUITE 300	_
Address	
MIAMI LAKES, FL. 33016	_
City/State and Zip Code	
MDINER@DINERLAW.COM E-mail address: (to be used for future annual report notification)	_
E man address. (to be used for fatale annual report nonneutron)	
For further information concerning this matter, please call:	
MANUEL DINER at (305	_)825-8151
Name of Person Area Co	ode & 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 Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR

FILED

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY MAY 14 PM 1: 11

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 OF STATE business days to correct the attached articles of organization or application to transactibusiness FLORIDA in Florida.

<u>FIRST</u>	The name of the limited liability company is: KYRIS1, LLC L 1200005884		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
<u>(CH</u>	ECK 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: The correct street address and mailing address of the limited liability company is:		
	2655 Le Jeune Road, Suite1108, Coral Gables, Fl. 33134		
	The correct name & address of the Managing Member named in Article V is		
	INTEGRAL SOLUTIONS INVESTORS, LLC, 2655 Le Jeune Road, Suite 1108, Ca		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
Dated:	May 8 2012		
	manel Dura		
	Signature of a member or authorized representative of a member		
	Manuel Diner		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

Electronic Articles of Organization For Florida Limited Liability Company

L12000058866 FILED 8:00 AM May 01, 2012 Sec. Of State ncausseaux

Article I

The name of the Limited Liability Company is: KYRIS1, LLC

Article II

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

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

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:

MANUEL DINER, P.A. 7735 NW 146 STREET SUITE 300 MIAMI LAKES, FL. 33016

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: MANUE;L DINER

Article V

The name and address of managing members/managers are:

Title: MGRM INTERGRAL SOLUTIONS INVESTORS, LLC 2665 LE JEUNE ROAD, SUITE 1108 CORAL GABLES, FL. 33165 US

Title: MGR JUAN J BLANCO 2665 LE JEUNE ROAD, SUITE1108 CORAL GABLES, FL. 33134 US

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

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.

L12000058866 FILED 8:00 AM May 01, 2012 Sec. Of State ncausseaux