

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
550
Office Hos Only



05/16/03--01047--011 **25.00

JAMES V. LAU

SUITE 200, PARAMOUNT PLAZA 14502 N, DALE MABRY HIGHWAY TAMPA, FLORIDA 33618-2040 WEBSITE: WWW.JAMESYLAU.COM TELEPHONE: (8:3) 908-8:25 CELLPHONE: (8:3) 335-677: FACBIMILE: (8:3) 908-37:7 E MAIL: JLAU@JAMESVLAU.COM

May 15, 2003

Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: A

Arbor Ridge Office, LLC

Document No: L03000017173

Dear Sir or Madam:

I am enclosing the original of Articles of Correction for the referenced professional limited liability company. I would appreciate it you would file the Articles of Correction and make the necessary correction to the record at your earliest convenience. I am enclosing my firm check no: 1316, in the amount of \$25, to cover your fees for this service.

Sincerely,

James V. Lau

Enclosures

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

FIRST Arbo	-	The name of the I	imited liability co	mpany is:	·			_
<u>SECO</u>	ND:	The articles of or	ganization or the a	application to transac	ct business	. –		
(CH	ECK T	HE APPROPRIAT	E BOX AND COM	APLETE THE APPL	LICABLE ST	ATEM	ENT	
V	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name and signature of the registered agent in Article IV was mispelled.							
	The	ame and signati	ure should be sp	elled as follows: F	rank P. Rip	a		_
				<u> </u>		Zi.	- & -	_
			<u> </u>			<u> i. </u>	<u>**</u>	www.
	<u>or</u>					SELE.	/16 A	
U		efectively signed. propriate correction		nich the document w	as defective	y signe	S Oğuq	
	The s	The signature of the signing member was mispelled. The signature should be						
	spelle	d as follows: Fra	nk P. Ripa			<u></u>		_
					· · ·	_ 		-
Dated:	May	13,		2003				-
		Frank	lyi					-
		•		ed representative of	f a member			
		Frank P. Ripa	<u> </u>					
		•	Typed or printed i	name of signee				
			Filing Fee:	\$25.00				

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L03000017173 FILED 8:00 AM May 13, 2003 Sec. Of State

Article I

The name of the Limited Liability Company is: ARBOR RIDGE OFFICE, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 10149 FISHER AVE. TAMPA, FL. US 33619

The mailing address of the Limited Liability Company is: 10149 FISHER AVE. TAMPA, FL. US 33619

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:

FRANK PRIPPA 10149 FISHER AVE. TAMPA, FL. 33619

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: FRANK P. RIPPA

Article V

The effective date for this Limited Liability Company shall be: 05/13/2003

Signature of member or an authorized representative of a member Signature: FRANK P. RIPPA

Just P. Rji 5/13/03

