

L04000010924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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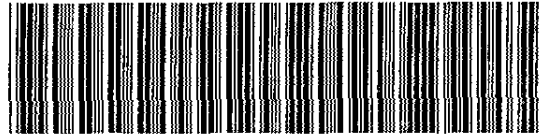
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE, STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK

Charter Number Only

February 24, 2004.

Leopold, Korn & Leopold

Requestor's Name

20801 Biscayne Blvd. #501

Address

Aventura, FL 33180

City

State

ZIP

Phone

(305) 935-3500

VALIDATION ONLY

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04 FEB 25 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Centerline Homes at Mill Creek, LLC

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment       | <input type="checkbox"/> Merger                      |
| <input type="checkbox"/> NonProfit           | <input type="checkbox"/> Dissolution     | <input type="checkbox"/> Mark                        |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Annual Report   | <input checked="" type="checkbox"/> Other correction |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation     | <input type="checkbox"/> Change of Registered Agent  |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Photo Copies    | <input type="checkbox"/> Certificate Under Seal      |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem             |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait       | <input checked="" type="checkbox"/> Pick Up          |
|  |  | <input type="checkbox"/> After 4:30                  |
|  |  | <input type="checkbox"/> Mail Out                    |

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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.

04 FEB 25 PM 5:22  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The name of the limited liability company is:  
CENTERLINE HOMES AT MILL CREEK, LLC

**SECOND:** The articles of organization or the application to transact business

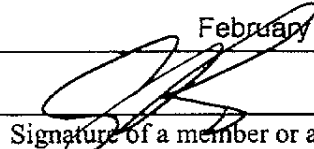
**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The company will not be managed by its members. The company will be  
manager run. The sole manager is CENTERLINE HOMES, INC., a Florida  
corporation.

**OR**

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

Dated: February 21, 2004

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Craig Perry

\_\_\_\_\_  
Typed or printed name of signee

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

LO4000010924  
FILED 8:00 AM  
February 10, 2004  
Sec. Of State

**Article I**

The name of the Limited Liability Company is:  
CENTERLINE HOMES AT MILL CREEK, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL. US 33071

The mailing address of the Limited Liability Company is:  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL. US 33071

**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:  
LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BLVD.  
SUITE 501  
AVENTURA, FL. 33180

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: KAREN S. LEOPOLD

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CRAIG S PERRY  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL. 33071 US

Title: MGRM  
STEPHEN MARGOLIS  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL. 33071 US

Title: MRGM  
ROBERT STIEGELE  
825 CORAL RIDGE DRIVE  
CORAL SPRINGS, FL. 33071 US

Signature of member or an authorized representative of a member

Signature: CRAIG S. PERRY

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