

L04000020399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

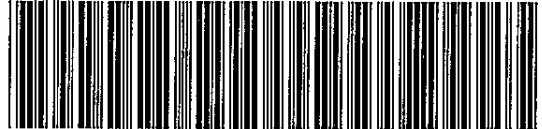
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100030831011

FILED

04 MAR 31 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 31 PM 2:57

RECEIVED
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 533497 4305738

AUTHORIZATION :

COST LIMIT : \$ 165.00

FILED
04 MAR 31 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 30, 2004

ORDER TIME : 1:14 PM

ORDER NO. : 533497-040

CUSTOMER NO: 4305738

CUSTOMER: Ms. Lara Coleman
Hirschler Fleischer
Bldg. 701, Federal Reserve
Bank Building 701 East Byrd .
Richmond, VA 23219

DOMESTIC AMENDMENT FILING

NAME: F.M. PROPERTIES I, LLC

XX ARTICLES OF CORRECTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

FOUR CERTIFIED COPY

FOUR CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret- EXT# 2949

EXAMINER'S INITIALS: _____

**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:
F.M. Properties I, 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 managing member is Fort Myers Property Investments Co., LLC

OR

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

Dated: March 30, 2004

Lara D. Coleman
Signature of a member or authorized representative of a member

Lara D. Coleman, Authorized Representative

Typed or printed name of signee

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

FILED
MAR 31 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L04000020399
FILED 8:00 AM
March 17, 2004
Sec. Of State
NCAUSSEAU

Article I

The name of the Limited Liability Company is:

F.M. PROPERTIES I, LLC

Article II

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

1255 CREEKSIDE PARKWAY
NAPLES, FL. 34108

The mailing address of the Limited Liability Company is:

1255 CREEKSIDE PARKWAY
NAPLES, FL. 34108

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 T SCHIFFMAN
1166 DIMOCK LANE
NAPLES, FL. 34110

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 T. SCHIFFMAN

Article V

The name and address of managing members/managers are:

Title: MGRM
BBMP, LLC.
1125 CREEKSIDE PARKWAY
NAPLES, FL. 34108

L04000020399
FILED 8:00 AM
March 17, 2004
Sec. Of State
NCAUSSEAU

Article VI

The effective date for this Limited Liability Company shall be:

03/17/2004

Signature of member or an authorized representative of a member

Signature: ALAN T. SCHIFFMAN