

LD4000057109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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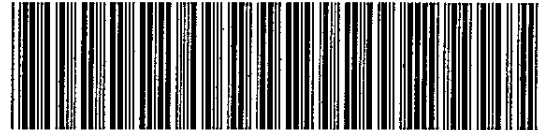
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LD4-57109  
AR

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST VIEW PROPERTIES, LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARRY M. SAMUELS

(Name of Person)

SAMUELS ACCOUNTING SERVICE

(Firm/Company)

3143 ARBOR LANE

(Address)

HOLLYWOOD, FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

HARRY M. SAMUELS

(Name of Person)

at ( 954 ) 966-1350

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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:  
**BEST VIEW PROPERTIES, 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 NAME OF THE MANAGER/MEMBER WAS INCORRECTLY LISTED

\_\_\_\_\_  
AS THOMAS BOJADZIJEV. IT SHOULD BE LISTED AS LMA TRUST,  
\_\_\_\_\_  
LLC, LOCATED AT 67 MASON STREET, GREENWICH, CT 068307  
\_\_\_\_\_

**OR**

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

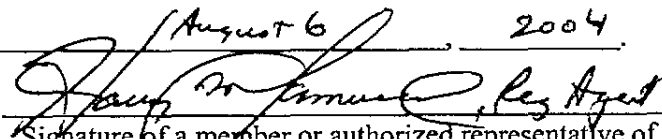
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TALLAHASSEE, FLORIDA

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Dated: \_\_\_\_\_

August 6 2004  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**HARRY M. SAMUELS, REGISTERED AGENT**

Typed or printed name of signee

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

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Best View Properties, LLC**

## ARTICLE II - Address

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

Principal Office Address:**7512 Dr. Phillips Boulevard #50****Orlando, FL 32819**Mailing Address:**7512 Dr. Phillips Boulevard #50****Orlando, FL 32819**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

The name and Florida street address of the registered agent are:

**Harry M. Samuels**

Name

**3143 Arbor Lane**

(P.O. Box or Mail Drop Box NOT Acceptable)

**Hollywood, FL 33021**

(City / State / Zip)

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 as provided for in Chapter 608, F.S.

SECRETARY  
TALLAHASSEE, FLORIDA

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Registered Agent's Signature - Harry M. Samuels

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

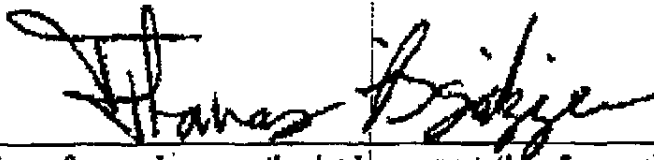
**Name and Address:**

MGRM

Thomas Bojadzjev-7512 Dr. Phillips Boulevard #50, Orlando, FL 32819

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

**Thomas Bojadzjev**

Typed or printed name of signer

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