

L 04000089549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

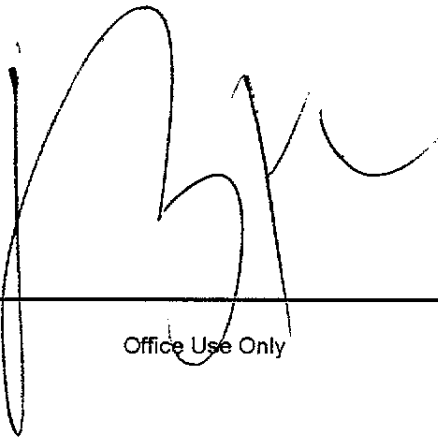
PICK-UP WAIT MAIL

(Business Entity Name)

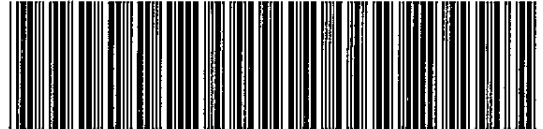
(Document Number)

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EFFECTIVE DATE

12/24/04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 17 11 11 AM '04
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TALLAHASSEE, FLORIDA

04 DEC 16 AM 10:42
04 DEC 16 PM 2:46

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CORPORATION SERVICE COMPANY

EFFECTIVE DATE
12/24/04

ACCOUNT NO. : 072100000032
REFERENCE : 076785 7464902
AUTHORIZATION : *Patricia Pizento*
COST LIMIT : \$ 25.00

04 DEC 16 AM 10:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 10, 2004
ORDER TIME : 2:24 PM
ORDER NO. : 076785-006
CUSTOMER NO: 7464902
CUSTOMER: Mr. Michael Conforti
Mr. Michael Conforti
7301 7th St N
St Petersburg, FL 33702

DOMESTIC AMENDMENT FILING

NAME: 5901, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

EFFECTIVE DATE
12/24/04

FILED
04 DEC 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 16, 2004

SUSIE KNIGHT
CSC
TALLAHASSEE, FL

SUBJECT: 5901, LLC
Ref. Number: L04000089549

RESUBMIT

Please give original
submission date as file date.

We have received your document for 5901, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

As discussed, because you are wishing to change the EFFECTIVE DATE, you must file ARTICLES OF CORRECTION. You cannot change the EFFECTIVE DATE by filing an amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 804A00070212

RECEIVED
04 DEC 17 PM 12:49
DATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

12/24/04

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED 04 DEC 16 AM 10:42 STATE OF FLORIDA TALLAHASSEE

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: 5901, 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: 1. The mailing address should be: PO BOX 56665, St. Petersburg, Fl 33732 2. FEIN is: 34-202682 3. The purpose is to rent or lease apartments. 4. The managers address is: 6493 1/2 4th Ave, S, St. Petersburg, Fl 33707 5. Add an effective date of December 24, 2004.

OR

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

Dated: 12/17 2004

Signature of a member or authorized representative of a member

Michael Conforti Typed or printed name of signee

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

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

L04000089549
FILED 8:00 AM
December 10, 2004
Sec. Of State
mhodges

Article I

The name of the Limited Liability Company is:
5901, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5901 FAIRFIELD AVE S
ST. PETERSBURG, FL. US 33707

The mailing address of the Limited Liability Company is:
5901 FAIRFIELD AVE S
ST. PETERSBURG, FL. US 33707

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:
MICHAEL CONFORTI
6493 - 1/2 - 4TH AVENUE S
ST. PETERSBURG, FL. 33707

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: MICHAEL CONFORTI

Article V

The name and address of managing members/managers are:

Title: MGR
MICHAEL CONFORTI
PO BOX 33732
ST. PETERSBURG, FL. 33732 US

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FILED 8:00 AM
December 10, 2004
Sec. Of State
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Signature of member or an authorized representative of a member

Signature: MICHAEL CONFORTI