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ACTIVEFILINGS LLC

INCORPORATION SERVICES

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205 APR 15 P 2:59 TRANSMITAL LETTER SECRETARY OF STATE TALLAHASSEE, FLORIDA Date: 04/11/2005 To: Type of Request: Secretary of State Expedited Normal Division of Corporations Subject: New Mariana Development, LLC SUBMITTERS INFORMATION Company Name: **ACTIVE FILINGS LLC** Account # Return Address: 10651 NE 11 CT, Miami Shores, FL 33138 Contact Person: Roberto Neuberger Phone number: 305-893-9870 Fax number: 305-402-2248 Email address: Operations@activefilings.com DOCUMENT FILING REQUEST INFORMATION Name of Company: New Mariana Development, LLC File Number: Reservation # Type of Filing Articles of Correction **PAYMENT INFORMATION** Amount to pay: \$25.00 Payment method: Check Credit Card Credit Card Number: Expiration Date: Security Code: FILING INSTRUCTIONS / COMMENTS METHOD OF RETURN Messenger / Pick up Courier Service: Service Provider Account Nbr: Regular Mail (please use the self addressed envelope

Sincerely,

Other:

Roberto Neuberger
Mehaging Member
Active Filings LLC

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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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 Figure 5 From Florida.

The Land Section 408.4115 P 2:

Description 15 P 2:

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Description 15 P 2:

Description 15 P 3:

Descriptio

FIRST New	: The name of the limited liability company is: Mariana Develoment LLC
SEÇO	
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article I: The name of the Limited Liability Company is: New Mariana Develoment LLC. The reason the statement is incorrect: spelling mistake. Article I: The name of the Limited Liability Company is: New Mariana
	Development LLC
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:
Dated:	April 11 Signature of a member or authorized representative of a member Roberto Neuberger for Active Filings LLC, organizers Typed or printed name of signee Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

ARTICLES OF CORRECTION FOR OPIDA OF FORFICN LIMITED LIABILITY



FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursua busine	nt to section 608.4115, F.S., this document is being submitted within the required 305 P 2: 59 ss days to correct the attached articles of organization or application to transact business ida.
FIRST	TALLAHASSEE, FLORIDA
SECO (CH	ND: The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
\square	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article I: The name of the Limited Liability Company is: New Mariana
	Develoment LLC. The reason the statement is incorrect: spelling mistake.
	Article I: The name of the Limited Liability Company is: New Mariana
	Development LLC
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:
Dated:	April 11 2005
	Signature of a member or authorized representative of a member
	Roberto Neuberger for Active Filings LLC, organizers
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L05000031819 FILED 8:00 AM March 31, 2005 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is:
NEW MARIANA DEVELOMENT LLC

Article II

The street address of the principal office of the Limited Liability Company is: 2509 WILLOW LANE LYNN HAVEN, FL. US 32444

The mailing address of the Limited Liability Company is:

2509 WILLOW LANE LYNN HAVEN, FL. US 32444

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:

DILIP PUROHIT 2509 WILLOW LANE LYNN HAVEN, FL. 32444

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: DILIP PUROHIT

Article V

The name and address of managing members/managers are:

Title: MGRM DILIP PUROHIT 2509 WILLOW LANE LYNN HAVEN, FL. 32444 US

Title: MGRM SUDHAKAR REDDY 3007 KINGS HARBOUR ROAD PANAMA CITY, FL. 32405 US

Title: MGRM N. RAO PALEP 3027 KINGS HABOUR ROAD PANAMA CITY, FL. 32405 US

Title: MGRM VASUDEV GARLAPATY 1185 COPPERWOOD DRIVE BLOOMFIELD, MI. 48302 US

Title: MGRM CLAYTON PRESTON 483 MORELAND AVENUE, SUITE # 4 ATLANTA, GA. 30307 US

Signature of member or an authorized representative of a member Signature: ROBERTO NEUBERGER FOR ACTIVE FILINGS LLC

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