

LO5000038836

757 Tropical Circle
Parade FL 34242

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

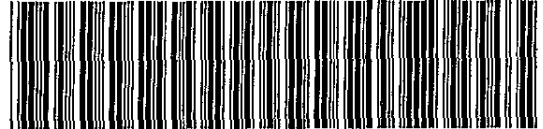
(Document Number)

Certified Copies _____

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2005 MAY -6 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LO5-38836
AR

**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:

OUR FAMILY LAKEWOOD HOME 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:

THANK
YOU - BEGG
CORRECTED

①

~~TYPO ERROR. CORRECT ADDRESS IS:- 757 TROPICAL CIRCLE
AND NOT 787 AS ON WEBSITE~~

②

ARTICLE IV - MANAGER OR MANAGING MEMBERS:-

MANAGER

LINDSAY BUCKNELL

757 TROPICAL CIRCLE

PARASOTA FL, 34242

THERE ARE TWO ^{MA} AND NOT JUST ONE

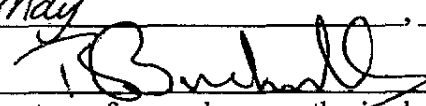
OR

PHILIP BUCKNELL IS ALSO A MANAGER



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

Dated: 10th May, 2005


Signature of a member or authorized representative of a member

PHILIP BUCKNELL

Typed or printed name of signee

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Our Family Lakewood Home LLC

ARTICLE II - Address:

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

Principal Office Address:

787 Tropical Circle

Sarasota FL 34243

Mailing Address:

787 Tropical Circle

Sarasota FL 34243

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Philip Bucknell

Name

787 Tropical Circle

Florida street address (P.O. Box NOT acceptable)

Sarasota

City, State, and Zip

FLORIDA 34243

Having been named as registered agent and to accept service of process for the above named limited liability company on 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 605, Florida Statutes.

Philip Bucknell
Registered Agent's Signature

Page 1 of 2
(CONTINUED)

FAX AUST TX H05000097210 3

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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

MGR

Name and Address:

Philip Bucknell

787 Tropical Circle

Sarasota FL 34243

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Philip Bucknell
Signature of a member or an authorized representative of a member

(In accordance with section 605.08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Philip Bucknell

Typed or printed name of signer

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 34.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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Page 2 of 2

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TALLAHASSEE, FLORIDA

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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:

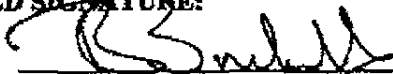
MGR

Philip Bucknell

757 Tropical Circle

Sarasota FL, 34242

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an 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.)

PHILIP BUCKNELL

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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