L05000038836

757 Tropical Circle
Sarasota FL 34242

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L05-38836

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 - BEEN 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
SARASOTA FL, 34242

There are two ~~MR~~ 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:

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TALLAHASSEE, FLORIDA

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)**

CR2E062(3/00)

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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:	Mailing Address:
787 Tropical Circle	787 Tropical Circle
Sarasota FL 34242	Sarasota FL 34242

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, FLORIDA 34242
City, State, and 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, Florida Statutes.

[signature]
Registered Agent's Signature

Fax Audit # H05000097210 3

Fax Audit # H05000097210 3

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 787 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]
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

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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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
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.

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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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