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	Alan M. Matus	——— a 301:
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SECRETARY SERVICES

## ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	_	The name of the limited liability company is:	
		Court, LLC	<u> </u>
SECO	· ·	he articles of organization or the application to transact business	
(CH	ECK TH	E APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	TATEMENT
×	incorrect	an incorrect statement. The incorrect statement, the reason the statement are as follows:  of Managing Member should be Nancy Kaplan not Statement.	
	MGRM	Nancy Kaplan	
		19920 NE 22nd Avenue	
	<u>QR</u>	North Miami Beach, FL 33180	
<b></b>	the appro	ectively signed. The manner in which the document was defective opriate correction is as follows:	
			OS AUG SEURE TALLAH
Dated:	Au	igust 22, 2005	ASSEE F
		Signature of a member or authorized representative of a member	S TATE
		Alan M. Matus	<b>→</b>
		Typed or printed name of signee	
r		Filing Fee: \$25.00  String Continue Copy: \$30.00 (optional)	Colorado proces

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FLA  ARTICLE I - Name:	SKIDA LIMITED LIABILITY COMPANY
The name of the Limited Liability Company is:	
JAS Colony Court, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4000 Island Boulevard, Suite 301 Aventura, FL 33160	4000 Island Boulevard, Suite 301 Aventura, FL 33160
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Alan M. Matus	
Name	
4000 Island Boulevard	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Aventura City, State, a	_FL _ 33160 nd Zîp
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Algent's	Signature AFE 19
(CONTIN	Fig. 3

Page 1 of 2

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			
MGRM	Alan M. Matus		
-	4000 Island Boulevard, #301		
	Aventura, FL 33160		
MGRM	Jack Smith		
	4000 Island Boulevard, #1102		
	Aventura, FL 33160		
MGRM	Steve Kaplan		
	19920 NE 22nd Avenue		
	North Miami Beach, FL 33180		
······································			
•			

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

علم ﴿ ﴿

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.)

Alan M. Matus

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE