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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 14 PM 4:11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARASORE LLC

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tova Rosenfeld

(Name of Person)

(Firm/Company)

1580 E. 19th St #2H

(Address)

Brooklyn, NY 11230

(City/State and Zip Code)

For further information concerning this matter, please call:

Tova Rosenfeld

(Name of Person)

at (718) 998-1973

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**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:
SARASORE 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:

The principal office address is incorrect as stated:

7491 W Oakland Park Blvd, Ste 100
Lauderhill, FL 33319

The correct principal office address
is the following: clo Rosenfeld

1580 E. 19th St #2H
Brooklyn, NY 11230

OR



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 14 PM 4:11

Dated: November 9, 2005

Tova Rosenfeld
Signature of a member or authorized representative of a member

Tova Rosenfeld
Typed or printed name of signee

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

05 NOV -7 PM 1:43
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

SARASORE LLC

ARTICLE II - Address:

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

Principal Office Address:

7491 W Oakland Park Blvd, Ste 100

Lauderhill, FL 33319

Mailing Address:

C/O Rosenfeld

1580 E 19 St #2H

Brooklyn, NY11230

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FLORIDA 33331

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..

NRAI Services, Inc.

By: Alison Hand, ASST SEC

Registered Agent's Signature

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:

MGRM

ELIEZER SCHEINER

7491 W OAKLAND PARK BLVD

LAUDERHILL, FL 33319

MGRM

TEDDY LICHTSCHEIN

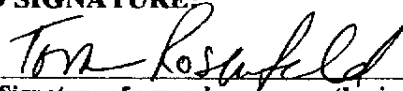
7491 W OAKLAND PARK BLVD

LAUDERHILL, FL 33319

(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.)

TOVA ROSENFELD

Typed or printed name of signee

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)