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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pine Island, 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:		
Ken Notturno (Name of Person)	7AS 00	
(Name of Person)	06 MAY 22 PM 1: TU SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Harp Development Company	AY 22 PM 1:1 RETAHY OF STAT WIASSEE, FLORIC	
(Firm/Company)	P P	
5551 Luckett Rd.	TLOF	
(Address)		
Fort Myers, Florida 33905		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Ken Notturno at (239) 694-2191		
(Name of Person) (Area Code & Daytime Telephone	Number)	
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301	on rations	
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & ☐ \$60 Filing F Certificate of Status Certified Copy Certificate of Certified Copy	Status &	

CR2E062 (08/05)

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: Pine Island, LLC
SECO (CH	ND: The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
Ø	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The name of the limited liability company is Amitali, LLC
	OR WAY 22 SECRETARY FALL HILDSEE
	OR SEE 22
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	May 11 , 2006 .
	Signature of a member or authorized representative of a member Amir Harpaz
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L06000047797 FILED 8:00 AM May 09, 2006 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: PINE ISLAND LLC

Article II

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

5551 LUCKETT ROAD FORT MYERS, FL. US 33905

The mailing address of the Limited Liability Company is:

5551 LUCKETT ROAD FORT MYERS, FL. US 33905

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:

NADIA S EDWARDS CPA 290-174TH STREET #815 SUNNY ISLES BEACH, FL. 33160

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: NADIA EDWARDS



Article V

The name and address of managing members/managers are:

Title: MGR HARP DEVELOPMENT, LLC 5551 LUCKETT ROAD FORT MYERS, FL. 33905 US

Signature of member or an authorized representative of a member Signature: AMIR HARPAZ

L06000047797 FILED 8:00 AM May 09, 2006 Sec. Of State jbryan

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SECHETARY OF STATE
TALLAHASSEE