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SECRETARY OF STATE

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COVER LETTER

Division of	n Section f Corporations					
SUBJECT: SOU	INTHERN LANDZ, L	LC				
		of Limited Liability Co	mpany)			
Dear Sir or Madam:						
The enclosed Affici	es of Correction and fee(s)	ire submitted for ming	•			
Please return all cor	respondence concerning this	s matter to the following	g:			
MASEEM OA	MAD					
WASEEM QA			_		~	
	(Name of Person)			ZSS	96	
C/O Scott S. Le	vino DA				Ē	
C/O Scott S. Le	(Firm/Company)		_	Ś		<u> </u>
	(1 time company)					ĦĽED
112 North Unive	ersity Drive, Suite 305			SECRETARY OF STATE ALLAHASSEE, FLORIDA	06 JUN 12 PM 3:41	<u> </u>
	(Address)			SER	င္မာ	
Pembroke Pines	s, Florida 33024					
	(City/State and Zip Code)		_			
For further informat	ion concerning this matter,	please call:				
Scott Levine		at (954	<u>)</u> 441-1910			
(N	ame of Person)	(Area Code &	& Daytime Telephone Number)			
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Fallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:					
2 \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy			

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: HERN LANDZ, LLC		
<u>SECO</u>	ND: The articles of organization or the application to transact business		
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEME	<u> </u>
V	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: The name of the LLC was misspelled and the zip code for the LLC is incorrect	tement is	HIP 90
	The correct spelling of the LLC is SOUTHERN LANDZ, LLC	HASSAH	12
	The correct zip code for the LLC is 33065	HOF P	PH
		STATE	ය: -
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	y signed a	und
Dated:	June 7 Signature of a member or authorized representative of a member Scott S. Levine Typed or printed name of signee		
	Filing Fee: \$25.00		

\$30.00 (optional)

Certified Copy:

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L06000055803 FILED 8:00 AM May 31, 2006 Sec. Of State ^{jbryan}

Article I

The name of the Limited Liability Company is: SOUNTHERN LANDZ, LLC

Article II

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

11587 NW 45 STREET CORAL SPRINGS, FL. 33024

The mailing address of the Limited Liability Company is:

11587 NW 45 STREET CORAL SPRINGS, FL. 33024

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:

WASEEM QAMAR 11587 NW 45 STREET CORAL SPRINGS, FL. FL

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: WASSEM QAMAR

O6 JUN 12 PM 3: 41
SECRETARY OF STATE
TALL AHASSEF ELORIDA

The name and address of managing members/managers are:

Title: MGRM WASEEM QAMAR 11587 NW 45 STREET CORAL SPRINGS, FL. 33024 L06000055803 FILED 8:00 AM May 31, 2006 Sec. Of State jbryan

Article VI

The effective date for this Limited Liability Company shall be: 05/31/2006

Signature of member or an authorized representative of a member Signature: WASSEM QAMAR

SECRETARY OF STATE

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