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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: MIAN	MI TIMEPIECE, LLC			····	
	(Name o	of Limited Liability Co	mpany)		
Dear Sir or Madam:					
The enclosed Article	es: of Correction and fee(s) a	re submitted for filing.	;		
Please return all cor	respondence concerning this	s matter to the following	eg:		
JOHN GNIP					
	(Name of Person)		_		
MIAMI TIMEPIE	CE, LLC		_		
	(Firm/Company)	·	•	70 S TAI	
18671 COLLINS	S AVE, #2402			SECK	-
	(Address)		_	SEP SEP	12002
SUNNY ISLES,	FL 33160			19 F RY 0 SSEE.	
	(Citý/State and Zip Code)			TES TO	C
For further informat	ion concerning this matter,	olease call:	•	2: STATE ORIDA	
JOHN GNIP		at (305) 331-2646		
(N	fame of Person)	(Area Code	& Daytime Telephone Nu	mber).	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions, ter Circle		MAILING ADDRES Registration Section Division of Corporati P.O. Box 6327 Tallahassee, Florida 3	cons	
Enclosed is a check	for the following amount:	!			
2 \$25 Filing Fee	Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee. Certificate of Sta Certified Copy	atus &	
;					

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 <u>within the required</u> 30 business days 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:

MIAMI TIMEPIECE, LLC

SECOND: The articles of organization or the application to transact business contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

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

12555 BISCAYNE BLVD NORTH MIAMI, FL. US 33181

The mailing address of the Limited Liability Company is: 12555 BISCAYNE BLVD NORTH MIAMI, FL. US 33181

Reason the statement is incorrect:

Human error

Corrected statement: In Article II

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

20283 STATE ROAD 7, SUITE 300 BOCA RATON, FL. US 33498

The mailing address of the Limited Liability Company is:

c/o JOHN GNIP 18671 COLLINS AVE, SUITE 2402 SUNNY ISLES, FL. US 33160

----- ADDITIONALLY-----

Incorrect statement:

In Article V

DIMITRY STEPENSKY

Article V

The name and address of managing members/managers are:

Title: MGRM JOHN GNIP 2101 S OCEAN DRIVE, 2701 HOLLYWOOD, FL. 33019 US

Title: MGRM DIMITRY STEPENSKY 1242 BAY VIEW WAY WEST PALM BEACH, FL. 33414 US

Article VI

The effective date for this Limited Liability Company shall be: 09/05/2006

Signature of member or an authorized representative of a member Signature: JOHN GNIP

L06000087141 FILED 8:00 AM September 05, 2006 Sec. Of State Reason the statement is incorrect:

Туро

Corrected statement:

In Article V

DMITRY STEPENSKY

Dated:

09-14-2006

Signature of a member or authorized representative of a member

JOHN GNIP

SECRETARY OF STATE.

Electronic Articles of Organization For Florida Limited Liability Company

L06000087141 FILED 8:00 AM September 05, 2006 Sec. Of State mthomas

Article I

The name of the Limited Liability Company is: MIAMI TIMEPIECE, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 12555 BISCAYNE BLVD NORTH MIAMI, FL. US 33181

The mailing address of the Limited Liability Company is:

12555 BISCAYNE BLVD NORTH MIAMI, FL. US 33181

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:

JOHN GNIP 18671 COLLINS AVE SUITE 2402 SUNNY ISLES, 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: JOHN GNIP