Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

Account Name : JOHNSON, AUVIL, BROCK & WILSON, P.A.

Account Number : I20010000040 Phone : (352)567-2500

Fax Number : (352)567-6813

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DAISEY POT, LLC

	
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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 <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	<u>r:</u> POT, LL		the limited liability com	oany is:		;
SECO	ND:	The articles o	f organization or the app	•	•	ATEMENT
	Contai	ins an incorrect	statement. The incorrected statement are as f	ct statement, t		• • •
· · · · ·		POT, LLC		<u>.</u> .	46	, , , , , , , , , , , , , , , , , , , ,
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	Was defectively signed. The manner in which the document was defective the appropriate correction are as follows:					
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Dated:	April		·	2007		31.1
Dateu.	<u>. 4</u>	Smal	Of John		•	,
		Signature of a member or authorized representative of a member				
	•	Leonard H. J				
	Typed or printed name of signee				· 高温清	
			Filing Fee: Certified Copy:	\$25.00 \$30,00 (op	tional)	
CR2E062	(08/05)					No. 1

Electronic Articles of Organization For Florida Limited Liability Company

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Article I

The name of the Limited Liability Company is: DAISEY POT, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 4161 118TH AVENUE NORTH CLEARWATER, FL. US 33762

The mailing address of the Limited Liability Company is:

4161 118TH AVENUE NORTH CLEARWATER, FL. US 33762

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:

LEONARD H JOHNSON 37837 MERIDIAN AVENUE SUITE 100 DADE CITY, FL. 33525

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: LEONARD H. JOHNSON



Article V

The name and address of managing members/managers are:

Title: MGRM TRYGVE JOHNSON 4161 118TH AVENUE NORTH CLEARWATER, FL. 33762 US

Signature of member or an authorized representative of a member Signature: LEONARD H. JOHNSON

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