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Florida Department of State

Division of Corporations

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AMND/RESTATE/CORRECT OR M/MG RESIGN**SUMMERCREST DM, 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 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:
SUMMERCREST DM, 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:
NANCY DEICHMAN IS THE ONLY MANAGING MEMBER

ROBERT DEICHMAN IS A MEMBER ONLY

KAREN MIRET IS A MEMBER ONLY


PAUL MIRET IS A MEMBER ONLY

OR

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

Dated: JUNE 25

2007


Signature of a member or authorized representative of a member
NANCY DEICHMAN

Typed or printed name of signor

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

SUMMERCREST DM, LLC.

ARTICLE II - Address:
The mailing address and street address of the principle office of the Limited Liability Company is:

Principle Office Address:

2300 S PINE AVENUE

Ocala, FL 34474

Mailing Address:

2300 S PINE AVENUE

Ocala, FL 34474

ARTICLE III - Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

NANCY DEICHMAN

Name

2300 S PINE AVENUE

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

OCALA, FL 34474

City, State, and Zip

Having been named as registered agent and to accept service of process for above stated limited liability company as 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.



Registered Agent's Signature

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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:

<u>MGRM</u>	<u>NANCY DEICHMAN 25%</u> <u>7447 SE 12TH CIR</u> <u>OCALA, FL 34480</u>
<u>MGRM</u>	<u>ROBERT DEICHMAN 25%</u> <u>7447 SE 12TH CIR</u> <u>OCALA, FL 34480</u>
<u>MGRM</u>	<u>KAREN MIRET 25%</u> <u>7950 POPPY HILLS LANE</u> <u>PORT ST LUCIE, FL 34986</u>
<u>MGRM</u>	<u>PAUL MIRET 25%</u> <u>7950 POPPY HILLS LANE</u> <u>PORT ST LUCIE, FL 34986</u>

(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 penalties of perjury that the facts stated herein are true.)

NANCY DEICHMAN
Typed or printed name of signee

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