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Special Instructions to Filing Officer:

Rebecca Forcive

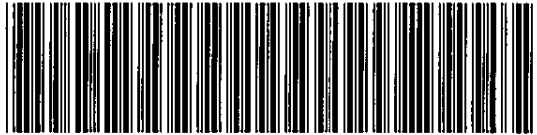
AUTHORIZATION BY PHONE TO

CORRECT articles of Correction

DATE 11/14/07

DCC EXAM TH

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 NOV 13 PM 3:51

T. Hampton NOV 14 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Incorrect Entry of LLC Name "HIRSNLTES LLC" should be HirsnHes 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:

Rebecca S Forcier  
(Name of Person)

HirsnHes LLC (Corrected Name of LLC)  
(Firm/Company)

145 Brewer Circle  
(Address)

Mary Esther, FL 32569  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca S. Forcier at ( 850 ) 685-8020  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$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:

HIRSNLTES 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:

CORRECT SPELLING HIRSNHES LLC

**OR**



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

N/A

Dated: November 8th, 2007



Signature of a member or authorized representative of a member

Rebecca S. Forcier

Typed or printed name of signee

**Filing Fee:** \$25.00  
**Certified Copy:** \$30.00 (optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HirsnHes LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

145 Brewer Circle  
Mary Esther, FL 32569

**Mailing Address:**

145 Brewer Circle  
Mary Esther, FL 32569

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Rebecca Forcier

Name

145 Brewer Circle

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

Mary Esther FL 32569

City, State, and Zip

*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 as provided for in Chapter 608, F.S..*

Rebecca Forcier

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:**

MGR

Rebecca Forcier

145 Brewer Circle

Mary Esther, FL 32569

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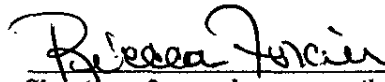
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

**Rebecca Forcier**

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)