

L09000066302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

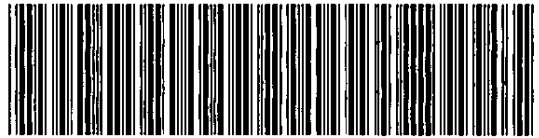
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09 AUG -5 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

AUG 6 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATTORNEYS REAL ESTATE ASSOCIATION, 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:

ADAM KAPLAN

Name of Person

1109 LAVENDER CIRCLE

Firm/Company

Address

WESTON, FL 33327

City/State and Zip Code

✓ HOWELLANDKAPLAN@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM KAPLAN

Name of Person

at (954)

551-3680

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

**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:
ATTORNEYS REAL ESTATE ASSOCIATION, 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:

The name of the LLC was intended to be:

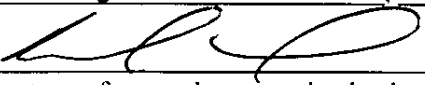
ATTORNEYS REAL ESTATE ASSOCIATES, LLC (not association)

OR



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

Dated: August 2, 2009



Signature of a member or authorized representative of a member

Adam Kaplan

Typed or printed name of signee

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

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L09000066302
FILED 8:00 AM
July 09, 2009
Sec. Of State
gharvey

Article I

The name of the Limited Liability Company is:

ATTORNEYS REAL ESTATE ASSOCIATION, LLC

Associates, LLC

Article II

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

1109 LAVENDER CIRCLE
WESTON, FL. 33327

The mailing address of the Limited Liability Company is:

1109 LAVENDER CIRCLE
WESTON, FL. 33327

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:

ADAM D KAPLAN
1109 LAVENDER CIRCLE
WESTON, FL. 33327

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: ADAM D KAPLAN

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
ADAM D KAPLAN
1109 LAVENDER CIRCLE
WESTON, FL. 33327 US

L09000066302
FILED 8:00 AM
July 09, 2009
Sec. Of State
gharvey

Article VI

The effective date for this Limited Liability Company shall be:

07/09/2009

Signature of member or an authorized representative of a member

Signature: ADAM D KAPLAN

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TALLAHASSEE, FLORIDA