

Division of Corporations

McDONALD HOPKINS P.A. CO.

002254

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10 05 FAX 561 472 2975 McDONALD HOPKINS P.A. CO. 0077200  
Corporations Page 1

**Florida Department of State**  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850) 617-6383

Account Name : MCDONALD HOPKINS CO., PA  
Account Number : I20050000183  
Phone : (561)472-7510  
Fax Number : (561)472-2975

09 OCT 13 AM 8:02

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LSC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**2871 TWIN OAKS WAY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. HAMPTON

## Electronic Filing Menu

## Corporate Filing Menu

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**EXAMINER**

(H09000219137 3)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2871 Twin Oaks Way, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaimie Paul

Name of Person

McDonald Hopkins, LLC

Firm/Company

505 S. Flagler Drive, #300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

jpaul@mcdonaldhopkins.com

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

For further information concerning this matter, please call:

Jaimie Paul

Name of Person

at ( 561 ) 472-2121

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)

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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:  
2871 Twin Oaks Way, 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:

Carole Elliott is deleted as manager. Stephen Elliott's title is hereby changed  
to manager.

**OR**



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

Dated: October 12, 2009

  
Signature of a member or authorized representative of a member

John T. Metzger, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E062 (08/05)

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

L09000095363  
FILED 8:00 AM  
October 02, 2009  
Sec. Of State  
thampton

**Article I**

The name of the Limited Liability Company is:

2871 TWIN OAKS WAY, LLC

**Article II**

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

2871 TWIN OAKS WAY  
WELLINGTON, FL. 33414

The mailing address of the Limited Liability Company is:

C/O MCDONALD HOPKINS, 505 S. FLAGLER DRIVE  
SUITE 300  
WEST PALM BEACH, FL. 33401

**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 T METZGER  
505 S. FLAGLER DRIVE  
300  
WEST PALM BEACH, FL. 33401

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 T. METZGER

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**Article V**

The name and address of managing members/managers are:

Title: MGMR  
STEPHEN ELLIOTT  
2871 TWIN OAKS WAY  
WELLINGTON, FL. 33414 US

Title: MGR  
CAROLE ELLIOTT  
2871 TWIN OAKS WAY  
WELLINGTON, FL. 33414

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FILED 8:00 AM  
October 02, 2009  
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**Article VI**

The effective date for this Limited Liability Company shall be:

10/01/2009

Signature of member or an authorized representative of a member

Signature: STEPHEN ELLIOTT

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