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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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**EXAMINER** 

#### **COVER LETTER**

	egistration Section vision of Corporations		
SUBJECT	:NAWSDRIRA	AILLC	
	Name of Limited Liabili	ty Company	
Dear Sir or	Madam:		
The enclose	ed Articles of Correction and fee(s) are submitted for f	iling.	
Please retur	n all correspondence concerning this matter to the following	lowing:	
	Aimee Mormile		
	Name of Person		
	NAWSDRIRA I LLC		
	Firm/Company		
	1019 S Kimbrel Ave.		2010   SEC
	Address		RET ARET
	Panama City, FL 32404		R 26 TARY HASSE
	City/State and Zip Code	<del></del>	mon ne
E-mai	noel.witt@gmail.com l address: (to be used for future annual report notificat	tion)	2010 APR 26 PM 1: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further	information concerning this matter, please call:		
	Noel A. Witt at ( 30 Ar	ota Code & Daytime Telephone Number	
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the following amount:		
S25 Filin	g Fee S30 Filing Fee & S55 Filing Fe Certificate of Status Certified Cop		

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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability compa NAWSDRIF	any is: RA I LLC				
SECO	ND: The articles of organization or the appl	ication to transact business				
<u>(CF</u>	IECK THE APPROPRIATE BOX AND COMP	<u>LETE THE APPLICABLE STATEMENT</u>	· -			
<b>✓</b>	Contains an incorrect statement. The incorrect statement, the reason the statement incorrect, and the corrected statement are as follows:  The MGR of the LLC was omitted. The following MGR should be Added:					
	TITLE: MGR NAME: NOEL	A. WITT	ي.			
	ADDRESS: 2 Chico Lane, Panama City F	L 32404	no Arik			
		TAS	R 26			
	<u>OR</u>	مرتبا	5 PM 1:			
$\checkmark$	Was defectively signed. The manner in which the appropriate correction are as follows: The "Signature of Member or Authorized F					
	was incorrectly signed by AIMEE MORMILE.					
	The correct signature should be: NOEL A.	WITT, MGR	_			
Dated:	April 22	2010	_			
Dated.	11.11	1711				
	Signature of a member or authorized	representative of a member				
	NOEL A. WITT	. MGR				
	Typed or printed name					
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				

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

L10000040898 FILED 8:00 AM April 16, 2010 Sec. Of State shawkes

#### Article I

The name of the Limited Liability Company is: NAWSDRIRA I LLC

#### Article II

The street address of the principal office of the Limited Liability Company is: 1019 S KIMBREL AVE PANAMA CITY, FL. 32404

The mailing address of the Limited Liability Company is: 1019 S KIMBREL AVE PANAMA CITY, FL. 32404

#### 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:

AIMEE MORMILE 1019 S KIMBREL AVE PANAMA CITY, FL. 32404

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: AIMEE MORMILE

Signature of member or an authorized representative of a member

Signature: AIMEE MORMILE

### Certified Copy

I certify the attached is a true and correct copy of the Articles of Organization of NAWSDRIRA I LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on April 16, 2010, as shown by the records of this office

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L10000040898.

Authentication Code: 100416094818-300176062913#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Sixteenth day of April, 2010



kurt S. Browning Secretary of State