

L10000058667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

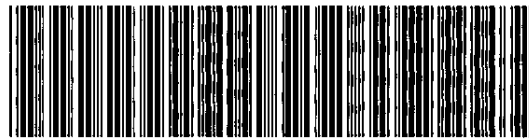
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700181657237

700101657237
06/03/10--01024--004 **55.00

FILED
10 JUN -9 PM12:17
RECEIVED OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 10 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEMA GROUP, 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:

Randal C. Fairbanks, Esq.

Name of Person

Fairbanks & McGillin, P.L.

Firm/Company

113 Nature Walk Parkway, Suite 103

Address

St. Augustine, Florida 32092

City/State and Zip Code

✓ marc.matarazzomd@yahoo.com

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

For further information concerning this matter, please call:

Randal C. Fairbanks

Name of Person

at (904) 687-1140

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 90 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:
DEMA GROUP, 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 business address shown in Article II and the address of the managing

members/managers shown in Article V are incorrect.

The correct address for Article II and for Article V is:

4478 Saint Andrews Drive, Boynton Beach, FL 33436

OR



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

Dated: June 3, 2010

Randal C. Fairbanks

Signature of a member or authorized representative of a member

Randal C. Fairbanks, Authorized Representative

Typed or printed name of signee

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

FILED
JUN-9 PM 12:17
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

L10000058667
FILED 8:00 AM
June 02, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
DEMA GROUP, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
520 N. COUNTRY CLUB DRIVE
ATLANTIS, FL. US 33462

The mailing address of the Limited Liability Company is:
520 N. COUNTRY CLUB DRIVE
ATLANTIS, FL. US 33462

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:
RANDAL C FAIRBANKS
113 NATURE WALK PARKWAY
103
ST. AUGUSTINE, FL. 32092

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: RANDAL C. FAIRBANKS

FILED
10 JUN -9 PM12:17
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
MARC F MATARAZZO
520 N. COUNTRY CLUB DRIVE
ATLANTIS, FL. 33462

Signature of member or an authorized representative of a member

Signature: RANDAL C. FAIRBANKS

L10000058667
FILED 8:00 AM
June 02, 2010
Sec. Of State
nculligan

FILED
10 JUN -9 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA