

LWVVV121919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

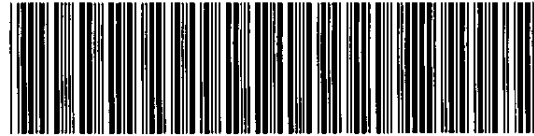
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500189006915

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JAN -3 PM 1:32
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

JAN -3 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -3 PM 3:04

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 01-03-2011

NAME: ALTO PROFESSIONAL, LLC

TYPE OF FILING: ARTICLES OF CORRECTION

COST: \$25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -3 PM 3:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alto Professional, 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:

Michael F. Sweeney, Esq.

Name of Person

Duffy & Sweeney, LTD.

Firm/Company

One Financial Plaza, Suite 1800

Address

Providence, RI 02903

City/State and Zip Code

msweeney@duffysweeney.com

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

For further information concerning this matter, please call:

Michael F. Sweeney, Esq.

Name of Person

at (401)

455-0700

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -3 PM 3:04

**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:
Alto Professional, 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:
Article IV incorrectly states that Numark Industries, L.P. is the Managing Member.

Article IV is hereby corrected by deleting Numark Industries, L.P. as Managing
Member, and inserting in its place the following:

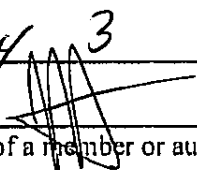
"Title: Manager	Name and Address: John E. O'Donnell 866 NE 20th Avenue Fort Lauderdale, FL 33304"
-----------------	---

OR



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

Dated: January 3, 2011


Signature of a member or authorized representative of a member

Joshua L. Celeste, Esq., Authorized Representative

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN -3 PM 3:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alto Professional, 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:

888 NE 20th Avenue
Fort Lauderdale, FL 33304

Mailing Address:

c/o Duffy & Sweeney, LTD.
One Financial Plaza, Suite 1800
Providence, RI 02903

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.


Registered Agent's Signature (REQUIRED)

Tinisha Clark, Assistant Secretary

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 24 PM 12:46

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:

MGRM

Numark Industries, L. P.

999 NE 20th Avenue

Fort Lauderdale, FL 33304

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joshua L. Celeste, Esq., Authorized Representative

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)