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Office Use Only



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T. HAMPTON

JAN 1 8 2011

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: HOMETOWN Realty Locator IN HAVMONY, 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:
Joel Ratner Name of Person
Firm/Company
11586 Pierson Roap LI
West Polan Beach, FL33414 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Toe Return at 561 790-0093  Name of Person at 561 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 & S55 Filing Fee & Certificate of Status Certified Copy 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 <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 company is: HOOKE TOWN KEDLY LOCATORIN	nony LLC
SECOND:	The articles of organization or the application to transact business	,
(CHECI	K THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	'ATEMENT
11/2	ntains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows:	tement is
7	scated. The correct Home is	Harman ()
	s defectively signed. The manner in which the document was defectively appropriate correction are as follows:	•
Dated:	Signature of a member or authorized representative of a member  Tue (Rather Typed or printed name of signee	SECRETARY OF STATE DIVISION OF CORPERATIONS
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	

Effective Date 6 1 01 11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY C	OMI	PANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Hometown Realty Locatur In HARMON (Must and with the word; "Linglied Lizhility Company, "I.L.C.," or "I.L.C.")	¥,,	LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	Com	pany is:
Principal Office Address: Mailine Address:		
11586 Pierson ROAD LI West-Palm Beach, Fb 33414 SAME	_	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its rown Registered Agent. You must designate so individual or business entity with an active Floride registerstion.)		ilvis
The name and the Florida street address of the registered agent are:		NAC ON O
M. Scot BAIRD		
Name  11586 Pierson Road L1  Voida street address (P.O. Box NOT acceptable)  Wort Polym Roach FL 33414		L AM III: 38
City. State, and Zip  Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the apprecisive agent and agree to act in this capacity. I further agree to comply with the prestatutes relating to the proper and complete performance of my duties, and I am family	ointme rovista	l limited ent as ons of all
accept the obligations of my position as registered agent as provided for in Chapte.	r 608.	F.S
1. Aust David	4	S
Registered Agent's Signature (REQUIRED)	II JAN	IS CON
(CONTINUED)	9-1	等等
Page 1 of 2	II.	25 cp (3) 1971 1984

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
We k	M Scot Baird 11586 Pierson RD LI West Polm Beach, Fla 33
•	
,	
(Use attachment if necessary) LEV: Effective date, if other than	the date of filing. JAN 1 2011 (OPTIONAL
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: UAN 1 2011. (OPTIONAL st be specific and cannot be more than five business days
LE V: Effective date, if other than fective date is listed, the date mus	st be specific and cannot be more than five business days
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LE V: Effective date, if other than flective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:    Acceptance of a new constitutes an affirmation using a sure that any false in	st be specific and cannot be more than five business days  Control  David
LE V: Effective date, if other than flective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:    Acceptance of a new constitutes an affirmation using a sure that any false in	mber or an authorized representative of a member.  608,408(3), Ficrida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
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