02-22-'11/20:29 FION DOWN 186

T-187 P001/006 F-161

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110000461483)))



H110000481483ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CERTIFIED TITLE

Account Number : I20070000045 Phone : (954)966-8888

Fax Number : (954)966-6259

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Feinberg@bellsouth.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA TITLE INSURANCE FOR CANADIANS, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 01

 Estimated Charge
 \$25.00

RECEIVED

I FEB 23 AM 6: 37

SECRETARY OF STATE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/21/2011

Registration Section Division of Corporations

TO:

H11000046148 3

COVER LETTER

SUBJECT: Florida Title Insurance Agency for Canadians, LLC			
Name of Limited Liability	Company		
Dear Sir or Madam:			
The enclosed Articles of Correction and fee(s) are submitted for file	ing.		
Please return all correspondence concerning this matter to the following	wing:		
Jeffrey Feinberg			
Name of Person			
Jeffrey Feinberg, Esquire			
Firm/Company			
4000 HOLLYWOOD BLVD SUITE 350			
Address			
HOLLYWOOD FL 33021 US			
City/State and Zip Code	deliterate of		
feinberg@bellsouth.net E-mail address: (to be used for future annual report notification	מוס		
	•		
For further information concerning this matter, please call:			
Jeffrey Feinberg at (954	962-8889 a Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassec, Florida 32314		
Tallahassee, Florida 32301	rananassee, monga 52514		
Enclosed is a check for the following amount:	H11000046148 3		
\$25 Filing Fee \$30 Filing Fee \$ \$55 Filing Fee Certificate of Status Certified Copy			
CR2E062 (08/05)			

H11000046148 3



February 22, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CERTIFIED TITLE

SUBJECT: FLORIDA TITLE INSURANCE FOR CANADIANS, LLC

REF: L11000011186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

No amendment/correction was enclosed. Only the articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H11000046148 Letter Number: 611A00004408

H11000046148 3

H11000046148 3

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: FLORIDA TITLE INSURANCE AGENCY FOR CANADIANS, L	LC _	<u>.</u>
<u>seco</u>	ND: The articles of organization or the application to transact business		
(CH	YECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEM	ENT	
\checkmark	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The company's name was recited as FLORIDA TITLE INSURANCE FOR		
	CANADIANS, LLC. Florida statutes requires identification as an agency an	d	_
	therefore the name should have been FLORIDA TITLE INSURANCE AGE	NCY	_
	FOR CANADIANS, LLC		_
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		DIVISION
		23	유동 -
		*	100 A
		6.1.3	OR ATTO
Dated:			Z
	all-by		
Signature of a member or authorized representative of a member			
	JEFFREY FEINBERG		
Typed or printed name of signee			
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

02-22-11 20:30 FROM-

Electronic Articles of Organization For Florida Limited Liability Company

L11000011186 FILED 8:00 AM January 27, 2011 Sec. Of State dbruce

Article I

The name of the Limited Liability Company is: FLORIDA TITLE INSURANCE FOR CANADIANS, LLC

Article II

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

4000 HOLLYWOOD BLVD SUITE 350 HOLLYWOOD, FL. US 33021

The mailing address of the Limited Liability Company is:

4000 HOLLYWOOD BLVD SUITE 350 HOLLYWOOD, FL. US 33021

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:

JEFFREY FEINBERG 4000 HOLLYWOOD BLVD SUITE 350 HOLLYWOOD, FL. 33021

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: JEFFREY FEINBERG

02-22-'11 20:30 FROM-

нттоооо46148 3 **Article V**

The name and address of managing members/managers are:

Title: MGRM
JEFFREY FEINBERG
4000 HOLLYWOOD BLVD, SUITE 350
HOLLYWOOD, FL. 33021 US

Title: MGR
DAVID ALTRO
4000 HOLLYWOOD BLVD, SUITE 350
HOLLYWOOD, FL. 33021 US

Signature of member or an authorized representative of a member

Electronic Signature: JEFFREY FEINBERG

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

T-187 P006/006 F-161

L11000011186 FILED 8:00 AM January 27, 2011 Sec. Of State dbruce