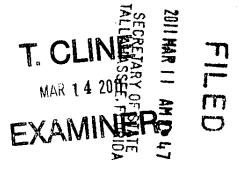
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SKIRAQUI, L	LC	
Name of Limited Liability C	Company	
Dear Sir or Madam:		
The enclosed Articles of Correction and fee(s) are submitted for filin	ng.	
Please return all correspondence concerning this matter to the follow	ring:	
STEVEN K. BAIRD		
Name of Person		
STEVEN K. BAIRD, P. A.		
Firm/Company	_	
5981 NE 6TH AVENUE		
Address	_	20 TAI
MIANAL EL 22127		CRE .
MIAMI, FL 33137 City/State and Zip Code	_	TAS
, ,		ARY OF
mconway@skbpa.com E-mail address: (to be used for future annual report notification	\	FE FE
E-man address. (to be used for future annual report notification)	2011 MAR 11 AM D 47 SECRETARY OF STATE ALLAHASSEE, FLORIDA
For further information concerning this metter places call.) _A
For further information concerning this matter, please call:	·	
Steven K. Baird at (305)754-8170	
Name of Person 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	\$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 <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.

n Flor	ida.		
IRST	corrent The name of the limited liability company is:		
	SKÍAQÚI, ĹLC		
ECO:	ND: The articles of organization or the application to transact business		
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE S	<u>FATEMENT</u>	
	Contains an incorrect statement. The incorrect statement, the reason the statement, and the corrected statement are as follows: Articles of Organization state entity name as SKIAQUI, LLC	ntement is	
	The correct entity name is SKIRAQUI, LLC		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively	ly signed and	
	the appropriate correction are as follows:		
		2011 J SECH	
		ETAR HASS	•
		my →	1
		SIA S	C
ated:	March 10 2011	DA DA	
	Stra K. Bairl		
	Signature of a member or authorized representative of a member		
	Steven K. Baird Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

Electronic Articles of Organization For Florida Limited Liability Company

L11000018696 FILED 8:00 AM February 14, 2011 Sec. Of State dbruce

Article I

The name of the Limited Liability Company is: SKIAQUI, LLC

Article II

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

C/O QUINTANA 335 S. BISCAYNE BLVD., #1709 MIAMI, FL. US 33131

The mailing address of the Limited Liability Company is:

C/O QUINTANA 335 S. BISCAYNE BLVD., #1709 MIAMI, FL. US 33131

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:

STEVEN K. BAIRD, P.A. 5981 NE 6TH AVENUE MIAMI, FL. 33137

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: STEVEN K. BAIRD, PRESIDENT

Article V

The name and address of managing members/managers are:

Title: MGRM RAMON FELIPE QUINTANA 335 S. BISCAYNE BLVD., #1709 MIAMI, FL. 33131 US L11000018696 FILED 8:00 AM February 14, 2011 Sec. Of State dbruce

Signature of member or an authorized representative of a member

Electronic Signature: STEVEN K. BAIRD

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.