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(((H11000057171 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386

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

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RENIE VEE, LLC

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Estimated Charge	\$25.00

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## 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:  RENIE VEE, LLC		
SECO	ND: The articles of organization or the application to transact business		
(CI	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u> TEMENT</u>	
V	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows:  The address of the Limited Liability Company is incorrect as set forth.	ment is	
	ARTICLE (i is hereby corrected to read as follows:		
	ARTICLE II - Principal Office Address and Mailing Address:	E STORY	
	3140 South Ocean Boulevard, Apt. 203-N, Palm Beach, FL 33480	AR I	Pi sa
	<u>OR</u>	Y OF	П
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	STATE STATE	
Dated:	February 28 2011		
	alla		
	Signature of a member or authorized representative of a member		
	Robert Worthington Jr., Authorized Person		
	Typed or printed name of signee		
	Filing Fee: \$25.00		
	Certified Copy: \$30.00 (optional)		

CR2E062 (08/05)

(((H110000466733)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENIE VEE, 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 Compeny is:

Principal Office Address:

Mailing Address:

3140 South Ocean Boulevard

Palm Beach , FL 33480

3140 South Ocean Boulevard Palm Beach , FL 33480

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:

W. Bradley Munroe, Esquire

Name

239 East Virginia Street

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

Tallahassee

32301

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.

Bert's Clansture (REQUIRED)

(CONTINUED)

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(((H110000466733)))

<u>Title:</u> "MGR" = Manager	Name and Address:	HASSE TARK
"MGRM" = Managing Member		لخبنخ
MGRM	Peter Vosbikian 3140 South Ocean Boulevard Palm Beach , FL 33480	
	<u></u>	
		<del></del>
		<del></del>
**************************************	· <u> </u>	<del></del>
(Use attachment if necessary)		
EV: Effective date, if other than t	he date of filing:	. (OPTIONA)
ective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five	e business days
REQUIRED SIGNATURE:		

(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.)

Signature of a member or an authorized representative of a member.

Robert Worthington, Jr., Authorized Person

Typed or printed name of signes

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)

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