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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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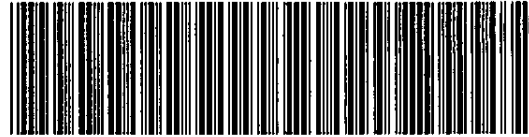
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 PM 3:17

N. Culligan MAY 31 2011

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Buena Vista Springs, 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:

Richard S. Price, II

Name of Person

Attorney at Law

Firm/Company

1235 N. Harbor Blvd., Suite 200

Address

Fullerton, CA 92832

City/State and Zip Code

rspriceii@aol.com

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

For further information concerning this matter, please call:

Rick Price

Name of Person

at ( 714 )

Area Code & Daytime Telephone Number

871-1132

**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

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 PM 3:17

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:  
                                 Buena Vista Springs, 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 II: Principal Office should be:

2800 Palm Parkway, Orlando, FL 32826

Article V: Address for Manager ITI Group, LLC should be:

3719 S. Plaza Drive, Santa Ana, CA 92704

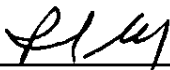
**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: May 25, 2011



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Richard S. Price, II

\_\_\_\_\_  
Typed or printed name of signee

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

**ARTICLES OF ORGANIZATION  
OF  
Buena Vista Springs, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: Buena Vista Springs, LLC

**ARTICLE II            PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 4787 West Irlo Bronson Hwy US I92, Kissimmee, Florida 34745.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.


**ARTICLE IV            DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

ITI Group LLC, 3719 S Plaza Court, Santa Ana, California 92704

  
\_\_\_\_\_  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717  
608-827-5300

Date: May 4, 2011

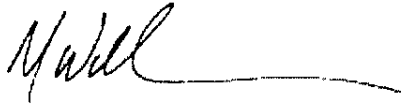
CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Buena Vista Springs, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_

Mark Williams, A.V.P. *Business Filings Incorporated*

Date: *May 4, 2011*