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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUL 29 2011

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

EXAMINER

****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 DEAN/CARSON WMSPT, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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

⑤ 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:
Dean/Carson WMSPT, 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:

The name of Manager, Dorothy Johnson should read Dorothy Dunnion

OR



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

Dated: July 28 2011

[Signature]
Signature of a member or authorized representative of a member

Richard A. Josepher

Typed or printed name of signee

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

CR2E062 (08/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEAN/CARSON WMSPT, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9100 South Dadeland Blvd., #1600
Miami, FL 33156

Mailing Address:

9100 South Dadeland Blvd., #1600
Miami, FL 33156

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:

Richard A. Josepher

Name

2101 Corporate Blvd., Suite 107

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL 33431

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 3

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Dennis Dean (16 1/3% voting)

8100 South Dadeland Blvd., #1600

Miami, FL 33156

MGR

Howard Dean (16 1/3% voting)

8100 South Dadeland Blvd., #1600

Miami, FL 33156

MGR

Susan Seidenfeld (16 1/3% voting)

8100 South Dadeland Blvd., #1600

Miami, FL 33156

MGR

Dorothy Johnson (25% voting)

8100 South Dadeland Blvd., #1600

Miami, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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

(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.)

Richard A. Josepher

Typed or printed name of signer

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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ATTACHMENT

Articles of Organization for Florida Limited Liability Company

DEAN/CARSON WMSPT, LLC

ARTICLE IV - Manager(s) or Managing Member(s): (Continuation)

<u>MGR</u>	<u>Carol Johnson</u>	<u>(25% Voting)</u>
	<u>9100 South Dadeland Blvd., #1600</u>	
	<u>Miami, FL 33156</u>	

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