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T. HAMPTON
AU. 8. 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	*			
SUBJECT: 4X4 ARE US, LLC				
Name of Limited Liability Co				
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 followin	8;			
HUASCAR N. Resd	·			
4x4 ARe US Firm/Company				
	_			
3085 SWaIN Blud	_			
9 neen Acnes FL, 33463 City/State and Zip Code	-			
HUASCAR_ Read @MSN. COM				
E-mail address: (to be used for future annual report notification)	-			
For further information concerning this matter, please call:	,			
HUASCAR Pead at 347 Name of Person Area Co	be & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee \$25 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.

FIRST:	The name of the limited liability company is: 4x4 ARC US, L	40
SECOND	•	
(CHEC	K THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
Coinc	intains an incorrect statement. The incorrect statement, the reason the statement is correct, and the corrected statement are as follows: MY Name was supposed to be ENCluded as a Managins member. (owner	P/e#se
_=	Noluded 25 & MANAGINS MEMBER. (OWNER	2) Indua
	TUASCAR N. Kead	_
_3	3085 SWOIN Blud, GREENACHES, FL, 33463	-
OR	<u>t</u>	
	as defectively signed. The manner in which the document was defectively signed and appropriate correction are as follows:	
Dated:	Signature of a member or authorized representative of a member HUASCAR N. Read Typed or printed name of signee Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	SECRETARY OF ORPI
	Certified Copy: \$30.00 (optional)	STA
CR2E062 (08/0	05)	TIE THE

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Electronic Articles of Organization For Florida Limited Liability Company

L11000097764 FILED 8:00 AM August 25, 2011 Sec. Of State thampton

Article I

The name of the Limited Liability Company is: 4X4 ARE US, LLC

Article II

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

3085 SWAIN BLVD GREENACRES, FL. 33463

The mailing address of the Limited Liability Company is:

3085 SWAIN BLVD GREENACRES, FL., 33463

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:

HUASCAR N READ 3085 SWAIN BLVD GREENACRES, FL. 33463

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: HUASCAR N READ

SECRETARY OF STATE SIVISION OF CORPORATIONS

Article V

The name and address of managing members/managers are:

Title: MGRM TARCIA V READ 3085 SWAIN BLVD GREENACRES, FL. 33463

Title: MGRM GENNY E READ 3085 SWAIN BLVD GREENACRES, FL. 33463 L11000097764 FILED 8:00 AM August 25, 2011 Sec. Of State thampton

Article VI

The effective date for this Limited Liability Company shall be:

08/25/2011

Signature of member or an authorized representative of a member

Electronic Signature: HUASCAR N READ

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.

SECRETARY OF STATE OIVISION OF CORPORATIONS.