

**L11000117445**

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

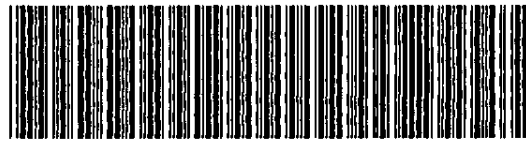
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 15 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APM KHRAISH INVESTMENT, 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:

Kelly G. Helmstetter / Corporate paralegal

Name of Person

Conerly, Bowman & Dykes, L.L.P.

Firm/Company

4481 Legendary Drive, Suite 200

Address

Destin, Florida 32541

City/State and Zip Code

kelly@emeraldcoastlawyers.com

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

For further information concerning this matter, please call:

Butros Morcos

Name of Person

at ( 416 )

722.5404

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 & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

APM KHRAISH INVESTMENT, LLC

L11000117 445

**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 IV is incorrect as there are three managing members in the company as

follows: Antoinette Khreich @ 5883 Riverside Place, Mississauga, Ontario

L5M 4X4; Butros Morcos @ 162 Old Surrey Lane, Richmond Hill, Ontario L4C

7E5; Souad Morcos @ 162 Old Surrey Lane, Richmond Hill, Ontario L4C 7E5

**OR**



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

Dated: \_\_\_\_\_

October 26

2011

Signature of a member or authorized representative of a member

Antoinette Khreich

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**APM KHRAISH INVESTMENT, 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 Company is:

**Principal Office Address:**

4726 BEACHSIDE WAY  
MIRAMAR BEACH, FL 32550

**Mailing Address:**

4726 BEACHSIDE WAY  
MIRAMAR BEACH, FL 32550

**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:

ANTOINETTE KHREICH

Name

4726 BEACHSIDE WAY

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

MIRAMAR BEACH FL 32550

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

**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:**

MGRM

ANTOINETTE KHREICH  
4726 BEACHSIDE WAY  
MIRAMAR BEACH, FL 32550

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SECTION 608.408(3), FLORIDA STATUTES  
ALL INFORMATION SUBMITTED IN A DOCUMENT TO THE DEPARTMENT OF STATE  
CONSTITUTES A THIRD DEGREE FELONY AS PROVIDED FOR IN S.817.155, F.S.)

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(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.)

**ANTOINETTE KHREICH**

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

**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)