

L12000031091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

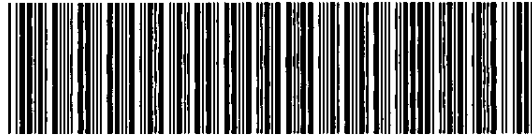
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAR -8 AM 10:39

MAR -'9 2012

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ArHo Properties, 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:

Inaki Saizarbitoria

Name of Person

Inaki Saizarbitoria, Esq., P.A.

Firm/Company

21 SW 15 Road, Suite 200

Address

Miami, FL 33129

City/State and Zip Code

inakilaw@bellsouth.net

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

For further information concerning this matter, please call:

Same as above

Name of Person

at ( 305 ) 374-4106

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

**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:  
ArHo Properties, 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 the Manager is Sebastian R. Golod

**OR**

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

Dated: March 5, 2012

Signature of a member or authorized representative of a member

Sebastian R. Golod

Typed or printed name of signee

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

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DIVISION OF CORPORATIONS  
12 MAR -8 AM 10:39

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ArHo Properties, 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 are:

**Principal Office Address:**1390 BRICKELL AVE.  
SUITE 104  
MIAMI, FLORIDA 33131**Mailing Address:**1390 BRICKELL AVE.  
SUITE 104  
MIAMI, FLORIDA 33131**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:

**SEBASTIAN GOLOD**

Name

1390 BRICKELL AVE. SUITE 104

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

MIAMI FL 33131

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)

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2012 MAR -2 AM 10:08

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 DIVISION OF CORPORATIONS

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**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

1390 BRICKELL AVE.  
SUITE 104  
MIAMI, FLORIDA 33131SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAR -2 AM 10:00

FILED

(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 its authorized representative of a member.

(In accordance with section 603.408(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.)

SEBASTIAN GOLOD

Typed or printed name of signee

 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 12 MAR -8 AM 10:39
**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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