

L12000050300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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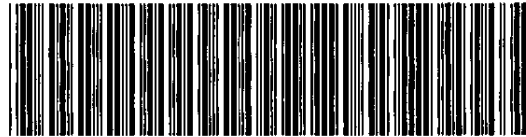
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APR 17 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REINVEST5, 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:

MANUEL DINER

Name of Person

MANUEL DINER, P.A.

Firm/Company

7735 NW 146 Steet, Suite 300

Address

Miami Lakes, Fl. 33016

City/State and Zip Code

MDINER@DINERLAW.COM

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

For further information concerning this matter, please call:

Manuel Diner

Name of Person

at (305)

825-8151

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:
REINVEST5, 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 company is changed to: RINVEST5, LLC

OR



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

Dated: April 13, 2012

Manuel Diner

Signature of a member or authorized representative of a member

Manuel Diner

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 1:53

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L12000050300
FILED 8:00 AM
April 12, 2012
Sec. Of State
jbryan

Article I

The name of the Limited Liability Company is:
REINVEST5, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2665 LE JEUNE ROAD
SUITE 1108
CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:
2665 LE JEUNE ROAD
SUITE 1108
CORAL GABLES, FL. US 33134

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:
MANUEL DINER, P.A.
7735 NW 146 STREET
SUITE 300
MIAMI LAKES, FL. 33016

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: MANUEL DINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 16 PM 1:53

Article V

The name and address of managing members/managers are:

Title: MGRM
RINA M DE IURMAN
3 GROVE ISLE DR., APT. 1502
COCONUT GROVE, FL. 33133 US

L12000050300
FILED 8:00 AM
April 12, 2012
Sec. Of State
jbryan

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

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.

FILED
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DIVISION OF CORPORATIONS
12 APR 16 PM 1:53