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(Address)

(Address)

(City/State/Zip/Phone #)

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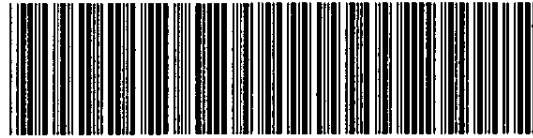
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12 MAY - 3 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 07 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NERDAL 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:

LORENA PARDO
Name of Person

Florida Title Group
Firm/Company

2999 NE 191 Street PH 8
Address

Aventura, FL 33180
City/State and Zip Code

PARDO.LORENA @ GMAIL.
E-mail address: (to be used for future annual report notification)

FILED
12 MAY - 9 AM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lorena Pardo at (305) 792-4911
Name of Person 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:

NERDAL 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 ONE OF THE MANAGING

MEMBERS IS SPOelled WROng

THE CORRECT NAME IS: FELMAN, FANNY B.

OR



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

Dated: April 25th 2012

Signature of a member or authorized representative of a member

FANNY B. FELMAN

Typed or printed name of signee

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

12 MAY 13 AM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L12000054017
FILED 8:00 AM
April 20, 2012
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
NERDAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6304 POWERLINE RD
FORT LAUDERDALE, FL. US 33309

The mailing address of the Limited Liability Company is:
6304 POWERLINE RD
FORT LAUDERDALE, FL. US 33309

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:
FLORIDIAN TITLE GROUP, INC
2999 NE 191ST STREET
PH 8
AVENTURA, FL. 33180

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: LORENA PARDO

Article V

The name and address of managing members/managers are:

Title: MGRM
FANNY B FELNAN
6304 POWERLINE RD
FORT LAUDERDALE, FL. 33309 US

Title: MGRM
ALBERTO D POMERANIEC
6304 POWERLINE RD
FORT LAUDERDALE, FL. 33309 US

L12000054017
FILED 8:00 AM
April 20, 2012
Sec. Of State
nculligan

Article VI

The effective date for this Limited Liability Company shall be:

04/20/2012

Signature of member or an authorized representative of a member

Electronic Signature: FANNY FELNAN

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.