

L12000056011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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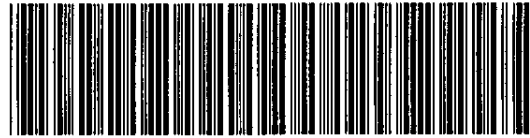
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Incorrect name of 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:

Sharon Strassfeld

Name of Person

Firm/Company

237 LONG POND RD.

Address

GT. BARRINGTON, MA 01230

City/State and Zip Code

sharonstrassfeld@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Sharon Strassfeld at 413 528-4532

Name of Person

Area Code & Daytime Telephone Number

212-666-0045

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:

Scmutz Realty 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 should have read
"Shmootz Realty LLC"
and I would like to change it
to this name. My secretary
OR spelled it wrong.



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

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TALLAHASSEE, FLORIDA

Dated: _____

Sh Sharon Strassfeld
Signature of a member or authorized representative of a member

Sharon Strassfeld

Typed or printed name of signee

Filing Fee:

\$25.00

Certified Copy:

\$30.00 (optional)

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

L12000056011
FILED 8:00 AM
April 25, 2012
Sec. Of State
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Article I

The name of the Limited Liability Company is:
SCMUTZ REALTY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
150 CHESTNUT STREET
4TH FLOOR
PROVIDENCE, RI. US 02903

The mailing address of the Limited Liability Company is:
150 CHESTNUT STREET
4TH FLOOR
PROVIDENCE, RI. US 02903

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:
BRANDON BIONDO
1200 PONCE DE LEON BLVD
CORAL GABLES, FL. 33134

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: BRANDON BIONDO

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
DAVID MALKIN
150 CHESTNUT STREET
PROVIDENCE, RI. 02903 US

Title: MGRM
SHARON STRASSFELD
237 LONG POND ROAD
GREAT BARRINGTON, MA. 01230 US

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April 25, 2012
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

04/24/2012

Signature of member or an authorized representative of a member

Electronic Signature: DAVID MALKIN

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.

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TALLAHASSEE, FLORIDA