

**L120000661128**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AUW MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**                     AUW MANAGEMENT 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:

                    LAURA KOHN                    

Name of Person

                    ARAZOZA & FERNANDEZ-FRAGA P.A.                    

Firm/Company

                    2100 SALZEDO STREET, SUITE 300                    

Address

                    CORAL GABLES, FL 33134                    

City/State and Zip Code

                    LAURA@ARAZOZA.COM                    

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

For further information concerning this matter, please call:

                    LAURA KOHN                    

Name of Person

at (           305           )

                    444-6226                      
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

CR2E062 (08/05)

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**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:  
AUW MANAGEMENT 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:

ARTICLE V should be changed as follows: THE PRINCIPAL AND MAILING

ADDRESS OF THE COMPANY IN THE STATE OF FLORIDA IS 2605 W 8 AVE.

HIALEAH, FL 33010. THE BOARD OF MANAGERS MAY FROM TIME TO

TIME MOVE THE PRINCIPAL OFFICE TO ANOTHER ADDRESS IN FLORIDA.

**OR**



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

Dated: MAY 4 2012

  
Signature of a member or authorized representative of a member

LAURA KOHN

Typed or printed name of signee

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

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ARTICLES OF ORGANIZATIONOFAUW MANAGEMENT LLC.

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: AUW MANAGEMENT LLC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted by the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office of this Limited Liability Company in the State of Florida is 2605 W 8<sup>th</sup> AVENUE, HIALEAH, FL 33010. The mailing address of this Company in the State of Florida is 1203 NW 93 Ct., Doral, FL 33172. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That AUW MANAGEMENT LLC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI  
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Managers shall be:

EDLEEN MORERA of  
8400 SW 70 Street, Miami, FL 33143

ELIZABETH BALODANO of  
8770 SW 52 Street, Miami, FL 33165


EVELYN DE PAZ of  
2540 SW 156 Ct Miami, FL 33185

MOISES DE PAZ of  
10955 SW 36 Street, Miami, FL 33165

NELLY DE PAZ of  
10955 SW 36 Street, Miami, FL 33165

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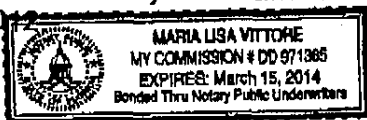
WITNESS the hand and seal of the Manager in Hialeah, Florida, the 3<sup>rd</sup> day of May, 2012.

  
Edleen Morera

STATE OF FLORIDA )  
COUNTY OF MIAMI-DADE ) SS:

PERSONALLY appeared before me, Edleen Morera, as Manager of AWW MANAGEMENT LLC., for and on behalf of the entity, who produced her FL Driver's License as identification or is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 3<sup>rd</sup> day of May, 2012.



  
Notary Public  
State of Florida at Large

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DIVISION OF CORPORATIONS

My commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED.**

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That AUW MANAGEMENT LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A.

By: 

Carlos F. Arazoza

Director

Date: ~~April~~ 3<sup>rd</sup>, 2012

MAY

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