Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120001732873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : 075410002172 : (239)344-1100 Fax Number : (239)344-1200

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORKSCREW NORTH FUND, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

B. BOSTICK

JUL - 3 2012

EXAMINER

2/005

Fax Server

FAX AUDIT NO.: H12000173287 3

ď

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.

<u>FIRS</u>	The name of the limited liability company is: CORKSCREW NORTH FUND, LLC	<u>୦</u> ୦୦%	557
SECO	ND: The articles of organization or the application to transact business		
<u>(CI</u>	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMEN	<u>r</u>	
✓	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The incorrect statement is Article I-Name. The name is incorrect. ArticleI-Name.	ne_	
	should read as follows: "The name of the limited liability company shall be		
	ALICO NORTH FUND, LLC (the "Company")."	_	
	OR Was defectively signed. The manner in which the document was defectively signed an the appropriate correction are as follows:	 d	
	A So	12 JUL -:	Sales Mary
Dated:	Signature of a member or authorized representative of a member	2 AH 2:31	
	ERIN E. HOUCK-TOLL, Authorized Representative Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		
CR2E062	(08/05)		

FAX AUDIT NO.: H12000173287 3

Fax Server

FAX AUDIT NO.: H12000173287 3

FAX AUDIT NO.: #12000172323 3

ARTICLES OF ORGANIZATION OF CORKSCREW NORTH FUND, LLC

ARTICLE I-NAME

The name of the limited liability company shall be CORKSCREW NORTH FUND, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

12800 University Drive, Suite 275 Fort Myers, Florida 33907

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

<u>Name</u>

Address

HF REGISTERED AGENTS, LLC

1715 Monroe Street Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and

FAX AUDIT NO: H12000178323 3
FAX AUDIT NO: H12000173287 3

2 JUL -2 AH 2: 3

FAX AUDIT NO.: H12000173287 3

FAX AUDIT NO .: H12000172323 3

address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

<u>Name</u>

<u>Address</u>

OJ BUIGAS

12800 University Drive, Suite 275 Fort Myers, Florida 33907

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 29th day of June, 2012.

ERfN/E. HOUCK-TOLL Authorized Representative

12 JUL -2 AM 2:31
SECRETARY OF STATE
FALLAHASSEF, FLORIDA

FAX AUDIT NO.: H120001,72323 3

FAX AUDIT NO.: H12000173287 3

FAX AUDIT NO.: H12000173287 3

FAX AUDIT NO .: #12000172323 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: CORKSCREW NORTH FUND, LLC.
- 2. The name and address of the registered agent and office is:

HF Registered Agents, LLC 1715 Monroe Street Fort Myers, Florida 33901

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.

HF REGISTERED AGENTS, LLC

Érin E. Houck-Toll

Authorized Representative

FAX AUDIT NO .: H12000172323 3

FAX AUDIT NO.: H12000173287 3

3