L12000132958

| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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EXAMINER

SECRETARY OF STATE

The same

COVER LETTER

CR2E062 (08/05)

| | ion Section of Corporations | | | | | |
|--|--|----------------------------------|---|--|---------------|------------------|
| SUBJECT: | | ater Familias L | LC | | | |
| | Name o | of Limited Liability Co | mpany | | | |
| Dear Sir or Madan | n: | | | | | |
| The enclosed Artic | cles of Correction and fee(s) a | are submitted for filing. | | | | |
| Please return all co | orrespondence concerning this | s matter to the followin | g: | | | |
| Adaı | m Bergman, Attn: J. So Name of Person | charfman | _ | | | |
| | IRA Financial Grou | р | _ | | | |
| | Firm/Company | | | | | |
| 2 | 235 Lincoln Road, Suite Address | e 207 | - | | | |
| | Miami Beach, FL 331 | 139 | _ | | | |
| E-mail addre | HarlowBE@aol.com | n ual report notification) | _ | | | |
| For further inform | ation concerning this matter, | please call: | | | | |
| | ean Scharfman Name of Person | at (305 Area Co |) 538.9297 de & Daytime Telephone Number | er | | |
| STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid | on rations enter Circle | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | SECSEMANO OF A VINCENTAL PROPERTY OF A VINCENTAL PROPE | 4 9- AGN 218Z | 4.4 |
| Enclosed is a che- | ck for the following amount | : | | | : | y stati Pages |
| \$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 <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

| FIRST | The name of the limited liability company is: Pater Familias LLC | | | | | |
|-------------|---|---------------------------------------|--|--|--|--|
| <u>SECO</u> | ND: The articles of organization or the application to transact business | | | | | |
| <u>(CH</u> | ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST | ATEMENT | | | | |
| √ | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Re: Article II - based on outdated information, street address of the principal | | | | | |
| | office of LLC and mailing address of LLC were incorrectly listed as | <u> </u> | | | | |
| | 27 Larkspur Way, #1, Natick, MA. US 01760 | _ | | | | |
| | CORRECT ADDRESS IS: 238 QUAILS NEST ROAD, #2, FL. US 34 | 1112 | | | | |
| | Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: | | | | | |
| Dated: | November 2 2012. Signature of a member or authorized representative of a member | 2012 NOV -1 SECSION A SALLAHASS | | | | |
| | Adam Bergman | | | | | |
| | Typed or printed name of signee | | | | | |
| | Filing Fee: \$25.00 Certified Copy: \$30.00 (optional) | ₩ 9 . | | | | |

Electronic Articles of Organization For Florida Limited Liability Company

L12000132958 FILED 8:00 AM October 18, 2012 Sec. Of State nculligan

Article I

The name of the Limited Liability Company is:
PATER FAMILIAS LLC

Article II

The street address of the principal office of the Limited Liability Company is:

27 LARKSPUR WAY #1 NATICK, MA. US 01760

The mailing address of the Limited Liability Company is:

27 LARKSPUR WAY #1 NATICK, MA. US 01760

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:

BRIAN HARLOW 238 QUAILS NEST ROAD #2 NAPLES, FL. 34112

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: BRIAN HARLOW

Article V

The name and address of managing members/managers are:

Title: MGR BRIAN HARLOW 27 LARKSPUR WAY, #1 NATICK, MA. 01760 US L12000132958 FILED 8:00 AM October 18, 2012 Sec. Of State nculligan

Signature of member or an authorized representative of a member

Electronic Signature: ADAM BERGMAN

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.