

**L12000155959**

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.**

(((H12000294470 3)))



H120002944703ABC3

**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 : LEVINE & PARTNERS, P.A.  
Account Number : 074677001117  
Phone : (305) 372-1350  
Fax Number : (305) 372-1352

RECEIVED  
12 DEC 17 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*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  
MAISON PROUST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

FILED  
2012 DEC 17 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help **J. BRYAN**

DEC 18 2012

**EXAMINER**

**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:

MAISON PROUST, 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:

Maison Proust, LLC is the incorrect name.

The correct name of the entity should be:

Maison Proust NY, LLC.

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: December 14, 2012

*Gabriella Bellio*  
Signature of a member or authorized representative of a member

GABRIELLA BELLIO  
Typed or printed name of signee

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

2012 DEC 17 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

L12000155959  
FILED 8:00 AM  
December 13, 2012  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
MAISON PROUST, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL. US 33154

The mailing address of the Limited Liability Company is:  
9455 COLLINS AVENUE  
SUITE 709  
SURFSIDE, FL. US 33154

**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:  
ALAN W LEVINE  
1110 BRICKELL AVENUE  
SUITE 700  
MIAMI, FL. 33131

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: ALAN W. LEVINE

**FILED**  
2012 DEC 17 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Article V

The name and address of managing members/managers are:

Title: MGR  
NOELE NORTON  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Title: MGR  
GABRIELA BELLIO  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Title: MGR  
LUIZ FELIPE MAIA  
9455 COLLINS AVENUE, SUITE 709  
SURFSIDE, FL. 33154 US

Signature of member or an authorized representative of a member

Electronic Signature: NOELE NORTON

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.

L12000155959  
FILED 8:00 AM  
December 13, 2012  
Sec. Of State  
gmcleod

**FILED**  
2012 DEC 17 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA