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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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
FRIEDMAN/ST ANDREWS PROPERTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

FEB 26 2013

B. KOHR

**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:
Friedman/St Andrews Property 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 IV - Manager is incorrect. The wrong person is listed as Manager.

Article IV should read as follows:

<u>Title:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Holly Friedman</u>
	<u>6 Kriati Lane</u>
	<u>Woodbury, NY 11797</u>

OR

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

Document will be signed by correct Managing Member Holly Friedman

Dated: February 22, 2013

Holly Friedman
Signature of a member or authorized representative of a member

Managing Member

Typed or printed name of signer

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

CR18002 (08/03)

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FRIEDMAN/ST ANDREWS PROPERTY LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:17731 SCARSDALE WAY
BOCA RATON, FL 33498**Mailing Address:**17731 SCARSDALE WAY
BOCA RATON, FL 33498**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Vcorp Services, LLC

Name

5011 South State Road 7, Suite 106Florida street address (P.O. Box NOT acceptable)Davie, Florida 33314 FL

City, State, and Zip

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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:**Manager**

Daniel Friedman
8 Kristi Lane
Woodbury, NY 11767

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB -1 AM 8:55

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

DANIEL FRIEDMAN, MANAGER

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)