L13000098962

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



400249247444

07/17/13--01011--012 **55.00

SUFFICIENCY OF FILING

DEPARTMENT OF STATE

OF YOR OF CORPORATION

2013 JUL 17 18 11.

FILED

13 JUL 17 MIII: 21

SECREMAY OF SIM

JUL 17 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lera Maryne, LLC		
Name of Limited Liability Com	pany	
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		
Cathi C. Wilkinson		
Name of Person	Mo z M	
Cathi C. Wilkinson, P.L.		
Firm/Company	2	
2940 Kerry Forest Pkwy., Ste. 103		
Address		
Tallahassee, FL 32309		
City/State and Zip Code		
cpatton@acroteks.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Cathi C. Wilkinson 850	668-4130	
at (le & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301	Tananasse, Fronta 925 F	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee Certificate of Status □ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

ARTICLES OF CORRECTION

	ARTICLES OF CORRECTION FOR		
	FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY		
Pursua busine in Flor	nt to section 608.4115, F.S., this document is being submitted within the required as section 608.4115, F.S., this document is being submitted within the required as section to transact business ida.		
FIRST Lera	The name of the limited liability company is: Maryne, LLC		
SECO	ND: The articles of organization or the application to transact business		
<u>(Cl</u>	IECK 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: The mailing address of the limited liability company was incorrectly stated to be		
	P.O. Box 14081, Tallahassee, FL 32318. The correct mailing address of the		
	limited liability company is P.O. Box 14081, Tallahassee, FL 32317		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:		
Dated:	July /6 4 2013		
	Signature of a member or authorized representative of a member		
	Camille A. Patton		
	Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

ARTICLES OF ORGANIZATION OF <u>LERA MARYNE, LLC</u>

rida Statutes (the Tiorida

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (the Torida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

ARTICLE I NAME

The name of the limited liability company is Lera Maryne, LLC, (hereinafter referred to as the "Company").

ARTICLE II PERIOD OF DURATION

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the Operating Agreement to be executed by all of the Members of the Company.

ARTICLE III PURPOSE

The business of the Company shall be:

- (a) To invest in real estate and engage in the rental thereof, as well as any and all other lawful business activities whatsoever or which shall at any time appear conducive to or expedient for the business of the Company;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business which may be legally exercised by limited liability companies under the Florida Limited Liability Company Act;
- (c) To engage in all activities necessary, customary, convenient, or incident to any of the foregoing.

ARTICLE IV MANAGEMENT

The Company shall be member-managed.

ARTICLE V PRINCIPAL OFFICE

The mailing address of the Company shall be P.O. Box 14081, Tallahassee, FL 32317. The street address of the principal office of the Company in Florida is 7085 Ox Bow Road, Tallahassee, FL 32312.

ARTICLE VI REGISTERED OFFICE AND AGENT

The name and Florida street address of the initial registered agent of the Co

Camille A. Patton 7085 Ox Bow Road. Tallahassee, FL 32312

Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles, 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, Florida Statutes.

Camille A. Patton

ARTICLE VII EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.

Executed by Camille A. Patton, the sole member of the Company, this //6 day of Toly, 2013.

Camille A. Patton, Member

STATE OF FLORIDA, COUNTY OF LEON.

The foregoing instrument was acknowledged before me this //d day of //day, 2013, by Camille A. Patton as Member of Lera Maryne, LLC, a Florida limited liability company. She is personally known to me or has produced _______ as identification.

NOTARY PUBLIC - STATE OF FLORIDA

Print, Type or Stamp Name of Notary Public

CATHI C. WILKINSON
Commission # EE 011504
Expires October 11, 2014
Bonded Thru Troy Fain Insurance 800-385-7019