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| Office Use Only | B. BOSTICK OCT 2 2 2013 |

COVER LETTER

TO: - Registration Section Division of Corporations

SUBJECT: Belpointe Speciality Insurance, LLC

Name of Limited Liability Company

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:

| Brandon | Lacoff |
|---------|--------|
|---------|--------|

Name of Person

Belpointe Financial Holdings, LLC

Firm/Company

881 Lake Avenue

Address

Greenwich, CT 06831

City/State and Zip Code

blacoff@belpointe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Lacoff

Name of Person

Area Code & Daytime Telephone Number

622-6000

21 PH 3:

₹** • •

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (4/13)

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: Belpointe Speciality Insurance, LLC

13000144254

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 \square incorrect, and the corrected statement are as follows: The spelling of the limited liability company's name was incorrect.

The correct spelling of the name is: "Belpointe Specialty Insurance, LLC"

| | | | TALL FALL |
|--|---|---------------------------|---------------------|
| <u>OR</u> | | | AHAS AHAS |
| Was defectively sign the appropriate corre | ed. The manner in whic ection are as follows: | h the document was defe | ectively signed and |
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CR2E062 (4/13)

Electronic Articles of Organization For Florida Limited Liability Company

L13000144254 FILED 8:00 AM October 14, 2013 Sec. Of State jshivers

Article I

The name of the Limited Liability Company is: BELPOINTE SPECIALITY INSURANCE, LLC

Article II

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

100 EAST LINTON BLVD SUITE 400A DELRAY BEACH, FL. US 33483

The mailing address of the Limited Liability Company is: 100 EAST LINTON BLVD SUITE 400A DELRAY BEACH, FL. US 33483

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

2013 OCT 21 PH 3: 5

Article IV

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

SOMERSET HOLDINGS. LLC 7717 SPRING CREEK DRIVE WEST PALM BEACH, FL. 33411

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: TIMOTHY DAVIDSON

Article V

The name and address of managing members/managers are:

Title: MGRM BELPOINTE FINANCIAL HOLDINGS, LLC 881 LAKE AVENUE GREENWICH, CT. 06831 US

Article VI

The effective date for this Limited Liability Company shall be:

10/11/2013

Signature of member or an authorized representative of a member

Electronic Signature: BRANDON LACOFF

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.

2013 001 21 ALLAHASSEE, FLORID ţ FH 3: C1

