

L14000160553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

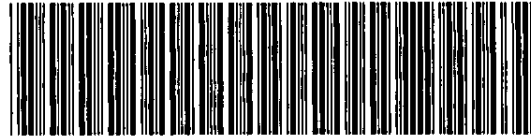
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

ALEJANDRO JORDAN
255 ARAGON AVE 3RD FL
CORAL GABLES, FL 33134

SUBJECT: FLORIDA FULLVIEW IMMIGRATION BUILDING 1, LLC
Ref. Number: L14000160553

We have received your document for FLORIDA FULLVIEW IMMIGRATION BUILDING 1, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00023300

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FULLVIEW IMMIGRATION BUILDING 1, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO E. JORDAN, ESQ.

Name of Person

JORDAN PASCALE, P.L.

Firm/Company

255 ARAGON AVENUE, THIRD FLOOR

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AJORDAN@JORDANPASCALE.COM

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

For further information concerning this matter, please call:

ALEJANDRO E. JORDAN, ESQ.

at (305)

501-2836

Name of Person

Area Code

Daytime Telephone Number

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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: FLORIDA FULLVIEW
IMMIGRATION BUILDING 1, LLC

SECOND: The Florida Document number of the limited liability company is: L14000160553

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION

(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:

THERE WAS A TYPO ON THE NAME OF THE LIMITED LIABILITY COMPANY.

THE CORRECT NAME OF THE LIMITED LIABILITY COMPANY IS:

FLORIDA FULLVIEW IMMIGRATION BUILDING I, LLC

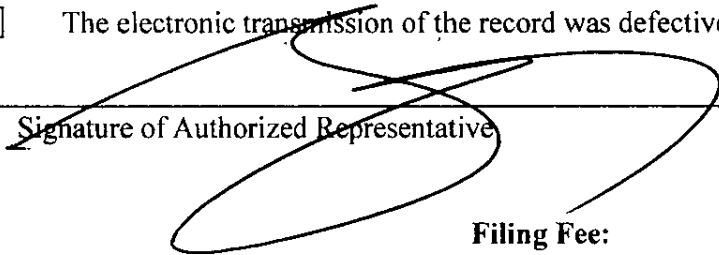
OR

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

OR

The electronic transmission of the record was defective.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 11-10-14
Signature of Authorized Representative Date

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