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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 26, 2015

ALINA M BRIZZARD MARGIOTTA 12008 SOUTH SHORE BLVD STE 210 WELLINGTON, FL 33414

SUBJECT: F & R BLOCK DEVELOPMENT LLC

Ref. Number: L15000140807

We have received your document for F & R BLOCK DEVELOPMENT LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Shelia H Young Regulatory Specialist II

Letter Number: 915A00018039

COVER LETTER

Division of Corporations	
SUBJECT: F+R Bock Dwelopment 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:	
Beatiz Dela Rua CRA Name of Person	
Frochlica + De la Qua CDA Formula Firm/Company	
12000 South Shore Blue Stc 210	
Willington FC 33414 Bity/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Bea-tri 7 De la Deua at (561) 795-9500 Name of Person Area Code Daytime Telephone Num	nber
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cfoliation Section Division of Corporations Clifton Building P.O. Box 6327 Cfoliation Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301	# 16 25 PX
Enclosed is a check for the following amount:) 등 성 기급 성
□ \$25 Filing Fee Certificate of Status □ \$55 Filing Fee Certified Copy Certified Copy Certified Copy	14" —

CR2E062 (2/14)

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:

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vould !	Be: FEL Block Development LLC	
SECO	ND: The Florida Document number of the limited liability company is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10807
<u>THIRI</u>	D: Document to be corrected is:	
	Anticles of Organization	_
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATE	<u>EMENT</u>
abla	Contains an incorrect statement. The incorrect statement, the reason the statement is in corrected statement are as follows:	correct, and the
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	Mane of Company was typed misself, while applying online for Articles. Name Should be 'FEL Block Development L	
·	Ware should be FEL block Sudoment	C
		
	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed an correction are as follows:	d the appropria
		
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	The electronic transmission of the record was defective.	
C:-	Glifafia 9/1/15	22
218	gnature of Authorized Representative Date	

Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L15000140807 FILED 8:00 AM August 18, 2015 Sec. Of State tburch

Article I

The name of the Limited Liability Company is: F & R BLOCK DEVELOPMENT LLC

Article II

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

1600 PONCE DE LEON BLVD STE 808 CORAL GABLES, FL. 33134

The mailing address of the Limited Liability Company is:

1600 PONCE DE LEON BLVD STE 808 CORAL GABLES, FL. 33134

Article III

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

FROEHLICH & DE LA RUA CPA FIRM LLC 12008 SOUTH SHORE BLVD STE 210 WELLINGTON, FL. 33414

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: BEATRIZ DE LA RUA, CPA



Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR LUIS ESTRADA 2901 S BAYSHORE DR 8E MIAMI, FL. 33133 L15000140807 FILED 8:00 AM August 18, 2015 Sec. Of State tburch

Signature of member or an authorized representative

Electronic Signature: BEATRIZ DE LA RUA, CPA

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.

