

L120000050319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

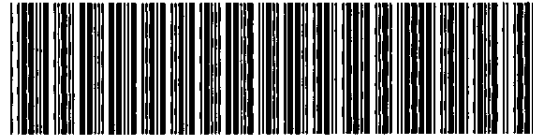
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200229027772

04/16/12--01021--011 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 16 PM 1:44

APR 17 2012  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RINVEST8, 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:

MANUEL DINER

Name of Person

MANUEL DINER, P.A.

Firm/Company

7735 NW 146 Steet, Suite 300

Address

Miami Lakes, Fl. 33016

City/State and Zip Code

MDINER@DINERLAW.COM

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

For further information concerning this matter, please call:

Manuel Diner

Name of Person

at ( 305 )

825-8151  
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

**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:  
RINVEST8, 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:

The correct name of the Registered Agent is Manuel Diner, P.A.

The correct name of the Managing Member named in Article V is Rina Mugerli de Iurman.

**OR**



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: April 13, 2012

*Manuel Diner*

Signature of a member or authorized representative of a member

Manuel Diner

Typed or printed name of signee

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

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000050319  
FILED 8:00 AM  
April 12, 2012  
Sec. Of State  
jsaulsberry

**Article I**

The name of the Limited Liability Company is:  
RINVEST8, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
2665 LE JEUNE ROAD  
SUITE 1108  
CORAL GABLES, FL, FL. US 33134

The mailing address of the Limited Liability Company is:  
2665 LE JEUNE ROAD  
SUITE 1108  
CORAL GABLES, FL, FL. US 33134

**Article III**

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

**Article IV**

The name and Florida street address of the registered agent is:  
MANUEL DINE, P.A.  
7735 NW 146 STREET  
SUITE 300  
MIAMI LAKES, FL. 33016

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: MANUEL DINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
12 APR 16 PM 1:44

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
RITA M DE IURMAN  
3 GROVE ISLE DR., APT. 1502  
COCONUT GROVE, FL. 33133 US

L12000050319  
FILED 8:00 AM  
April 12, 2012  
Sec. Of State  
jsaulsberry

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 16 PM 1:46