

L08000005231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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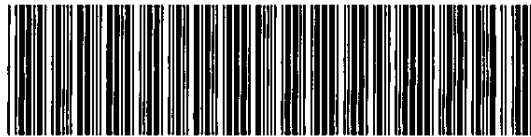
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 15 PM 12:21

Hampton JAN -1 6 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mud Beauty Supply LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Uri Z. Evron

(Contact Person)

20530 NE 19th Ave

(Firm/Company)

(Address)

Miami, Florida 33179

(City/State and Zip Code)

For further information concerning this matter, please call:

Uri Z. Evron

(Name of Contact Person)

at (305) 785-3344
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

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

**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:
Mud Beauty Supply 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:


~~That Mr. Mimon Atlas was entered in Error as MGRM.~~

Correct name is Shimlit Portal for MGRM

OR

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

Dated: January 9th 2007


Signature of a member or authorized representative of a member

Uri Z. Evron

Typed or printed name of signee

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

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

L08000005231
FILED 8:00 AM
January 15, 2008
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

MUD BEAUTY SUPPLY LLC

Article II

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

20530 NE 19TH AVE
MIAMI, FL. 33179

The mailing address of the Limited Liability Company is:

20530 NE 19TH AVE
MIAMI, FL. 33179

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:

URI EVRON
20530 NE 19TH AVE
MAIMI, FL. 33179

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: URI ERVON

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Article V

The name and address of managing members/managers are:

Title: MGR
SHIMRIT PORTAL
20530 NE 19TH AVE
MAIMI, FL. 33179

Title: MGR
URI Z EVRON
20530 NE 19TH AVE
MIAMI, FL. 33179

Title: MGR
DAVID SAIG
20530 NE 19TH AVE
MAIMI, FL. 33179

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January 15, 2008
Sec. Of State
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Article VI

The effective date for this Limited Liability Company shall be:

01/08/2008

Signature of member or an authorized representative of a member

Signature: URI Z EVRON

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