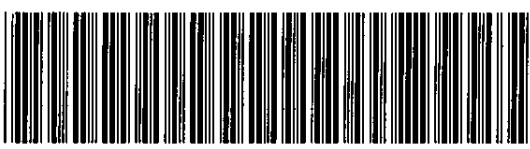


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DIVISION OF CORPORATION
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707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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G. MCLEOD
APR - 2 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCA BARBER 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:

DAVID CRUZ
(Name of Person)

DC ACCOUNTING SVCS PA
(Firm/Company)

24136 PAINTER DR
(Address)

LAND O LAKES, FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID CRUZ at (813) 948-0648
(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

**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:

FCA BARBER 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:

ESPINO and HERMAN were misspelled

Should Read ESPINOSA and HERNANDEZ

OR

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

Dated: MARCH 28, 2008


Signature of a member or authorized representative of a member

DAVID CRUZ

Typed or printed name of signee

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

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

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FILED 8:00 AM
March 06, 2008
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:

FCA BARBER, LLC

Article II

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

10673 CEDAR PINE DR
TAMPA, FL. 33647

The mailing address of the Limited Liability Company is:

10673 CEDAR PINE DR
TAMPA, FL. 33647

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:

CARMEN ESPINO
10673 CEDAR PINE DR
TAMPA, FL. 33647

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: CARMEN ESPINO

Article V

• The name and address of managing members/managers are:

Title: MGR
FERDINAND HERMAN
10673 CEDAR PINE DR
TAMPA, FL. 33647

Title: MGR
CARMEN ESPINO
10647 CEDAR PINE DR
TAMPA, FL. 33647

Signature of member or an authorized representative of a member

Signature: DAVID CRUZ

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FILED 8:00 AM
March 06, 2008
Sec. Of State
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