# L09000069084

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## SUBJECT: FACIAL REJUVENATION INJECTON TRAINING SEMINAR

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	<u>;</u>
DR. ROBERT J. FISH	_
Name of Person	
FACIAL REJUVENATION INJECTION SEMINARS, L	Į.
7737 N. UNIVERSITY DRIVE #100	
Address	-
TAMARAC, FL 33321-2968	
City/State and Zip Code	-
DRSMILE604@AOL.COM  E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
DR. ROBERT FISH at ( 954	724-8577
Name of Person Area Co	de & 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 \$\ \times \$30 Filing Fee \& \ \times \$55 Filing Fee \& \times \text{Certificate of Status} \tag{Certified Copy}	\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

# ARTICLES OF CORRECTION FOR

## FILED

### FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY JUL 21 PM 2: 40

Pursuant to section 608.4115, F.S., this document is being submitted within the SEORIFICATION OF STATE business days to correct the attached articles of organization or application to lead submitted in Florida.

FIRST	: The name of the limited liability company is:
	FACIAL REJUVENATION INJECT ON TRAINING SEMINARS, LLC
SECO:	ND: The articles of organization or the application to transact business
<u>(CH</u>	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
<b>√</b>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	INCORRECT NAME: FACIAL REJUVENATION INJECTON TRAINING SEMINAR.
	CORRECT NAME: FACIAL REJUVENATION INJECTION TRAINING SEMINARS. LLC
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and
<u></u>	the appropriate correction are as follows:
<b>.</b>	11 H V 20
Dated:	JULY 20 , 2009 .
	Moling Fish
	Signature of a member or authorized representative of a member
	ROBERT J. FISH, D.D.S.
	Typed or printed name of signee
	Filing Fee: \$25.00

Certified Copy:

\$30.00 (optional)

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

L09000069084 FILED 8:00 AM July 17, 2009 Sec. Of State nculligan

#### Article I

The name of the Limited Liability Company is: FACIAL REJUVENATION INJECTON TRAINING SEMINARS, LLC

#### **Article II**

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

3003 YAMATO ROAD #C-5 BOCA RATON, FL. 334345354

The mailing address of the Limited Liability Company is:

3003 YAMATO ROAD #C-5 BOCA RATON, FL. 334345354

#### **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:

BARTÓN ROSS 3003 YAMATO ROAD #C-5 BOCA RATON, FL. 334345354

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: BARTON P. ROSS

#### Article V

The name and address of managing members/managers are:

Title: MGRM EBONYE DORVIL 3003 YAMATO ROAD #C-5 BOCA RATON, FL. 334345354

Title: MGRM CAROL SMITH 7737 N. UNIVERSITY DRIVE #100 TAMARAC, FL. 333212968

#### **Article VI**

The effective date for this Limited Liability Company shall be: 07/15/2009

Signature of member or an authorized representative of a member Signature: EBONYE DORVIL

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