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HILED 10 MAR 29 PM 2: 12 SECRETARY OF STATE TALL AHASSEE, FLORID

COVER LETTER

то:	Registration Division of	n Section Corporations				
SUBJI	ECT:	Classic	styles	LLC		
			me of Limited L		mpany	
Dear S	ir or Madam:					
The en	closed Article	es of Correction and fee	(s) are submitted	l for filing.		
Please	return all cor	respondence concerning	this matter to th	e followin	g:	٠
	Rj	Avalon Name of Person		<u> </u>	_	
	Ava	Firm/Company	ing INC		_	
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For fur	rther informat	ion concerning this mat	ter, please call:			
•	Ry Aval	lon	at (954	345 -4648 ode & Daytime Telephone Number	
	Na	rme of Person		Area Co	ode & Daytime Telephone Number	
Registr Division Clifton 2661 E	ET/COURIE ration Section on of Corpora Building Executive Cen assee, Florida	tions ter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	/
Enclos	sed is a check	for the following amo	ount:			
∏ /\$25	Filing Fee	\$30 Filing Fee & Certificate of Sta		ing Fee & ed Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

CR2E062 (08/05)

ARTICLES OF CORRECTION FOR

FILED

FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANYO MAR 29 PM 2: 12

Pursuant to section 608.4115, F.S., this document is being submitted within the required/30/OF STATE business days to correct the attached articles of organization or application to transact business FLORIDA in Florida.

FIRST:	The name of the limited liability company is: Classice 5+yles LLC					
SECOND:	The articles of organization or the application to transact business THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT					
X Cont	ontains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:					
	Correct name is: Classic Styles, LCC					
OR						
	defectively signed. The manner in which the document was defectively signed and ppropriate correction are as follows:					
Dated:	March 23, 2010. Signature of a member or authorized representative of a member					
	Eren Daet Typed or printed name of signee					
	Filing Foot \$25.00					

Certified Copy:

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L10000030216 FILED 8:00 AM March 18, 2010 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: CLASSICE STYLES LLC

Article II

The street address of the principal office of the Limited Liability Company is: 3155 HOLIDAY SPRINGS BLVD APT 9
MARGATE, FL. 33063

The mailing address of the Limited Liability Company is:

3155 HOLIDAY SPRINGS BLVD APT 9 MARGATE, FL. 33063

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:

EREN J OGET 3155 HOLIDAY SPRINGS BLVD APT9 MARGATE FL, FL. 33063

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: EREN J OGET

Article V

The name and address of managing members/managers are:

Title: MGR EREN J OGET 3155 HOLIDAY SPRINGS BLVD A 9 MARGATE, FL. 33063

Title: MGRM NORGE BAYARRE 3155 HOLIDAY SPRINGS BLVD A 9 MARGATE, FL. 33063

Article VI

The effective date for this Limited Liability Company shall be: 03/19/2010

Signature of member or an authorized representative of a member Signature: EREN J OGET

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