

L10000037464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

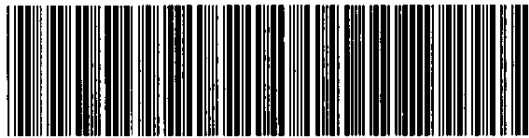
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700176763657

04/22/10--01025--008 **60.00

FILED
2010 APR 22 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR 23 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dulce Gracialis,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:

Andres Alfredo Anais

Name of Person

Dulce Gracialis,LLC.

Firm/Company

101 South Old Coachman RD Apt 515

Address

Clearwater Florida 33765

City/State and Zip Code

DreNas1@Hotmail.com

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

For further information concerning this matter, please call:

Andres Alfredo Anais

Name of Person

at (727)

4321079

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

CR2E062 (08/05)

**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:
 Dulce Gracialis, LLC. L10000037464

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 incorrect statement is Dulce Gracialis, which is a spelling error.

Our limited liability company's name is Dulce Gracialis, LLC.

OR



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

Dated: April 18, 2010.

Andres A. Anaïs

Signature of a member or authorized representative of a member

Andres A. Anaïs

Typed or printed name of signee

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

FILED
2010 APR 22 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dulce Gracialis, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

101 South Old Coachman Road APT 5
Clearwater Florida 33765

Mailing Address:

101 South Old Coachman Road A
Clearwater Florida 33765

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andres Alfredo Anais

Name

101 South Old Coachman Road Apt 515

Florida street address (P.O. Box **NOT** acceptable)

Clearwater

FL 33765

City, State, and Zip

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 as provided for in Chapter 608, F.S.

Andres Alfredo Anais

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
10 APR - 5 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM Andres Alfredo Anais

101 South Old Coachman Road Apt 5

Clearwater Florida 33765

MGRM Elizabeth Alexa Lopez

101 South Old Coachman Road Apt 5

Clearwater Florida 33765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing April 4 2010 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andres Alfredo Anais

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

FILED
10 APR -5 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA