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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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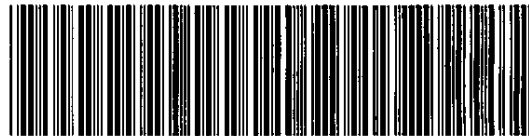
(Business Entity Name)

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10 AUG 18 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell AUG 19 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XALES INVESTMENTS, 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:

WILMER ALCARAZ

Name of Person

XALES INVESTMENTS, LLC

Firm/Company

541 SW 82 CT #377

Address

MIAMI, FL. 33126

City/State and Zip Code

ACOSTAESTEVEZACCT@GMAIL.COM

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

For further information concerning this matter, please call:

WILMER ALCARAZ

Name of Person

at (305) 273-3927

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.

FILED
10 AUG 18 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:
XALES INVESTMENTS, 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:

THE INCORRECT STATEMENTS IS: TITLE: MGR: WILMER ALCARAZ.

THE CORRECT STATEMENT IS: TITLE: MGRM: WILMER ALCARAZ.

OR



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

Dated: AUGUST 12 2010



Signature of a member or authorized representative of a member

WILMER ALCARAZ

Typed or printed name of signee

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

H10000177153

**ARTICLES OF ORGANIZATION
OF
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I-NAME

The name of the Limited Liability Company is:

XALES INVESTMENTS, LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

541 NW 82 CT #377
MIAMI, FL 33126

MAILING ADDRESS:

541 NW 82 CT #377
MIAMI, FL 33126

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

WILMER ALCARAZ
(NAME)

541 NW 82 CT #377
FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33126
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 601, F.S.


REGISTERED AGENT SIGNATURE

H10000177153

FILED
10 AUG -5 PM 2:01
CLERK OF COURT
TALLAHASSEE, FLORIDA

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ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= MANUEL FREITES

541 N.W 82 CT #377 MIAMI FLA 33126

MGR= WILMER ALCARAZ

541 N.W 82 CT #377 MIAMI FLA 33126

MGR=TXOMIN VISCARRET

541 N.W 82CT # 377 MIAMI FLA 33126

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

WILMER ALCARAZ

Typed or printed name of signed

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