

L10000111628

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TALLAHASSEE, FLORIDA

J. BRYAN

NOV 17 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M A.S.A.P Multiservices, 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:

Melissa Bustillo
Name of Person
A.S.A.P Multiservices, LLC
Firm/Company
4111 SW 158th Ave
Address
Miramar, FL 33027
City/State and Zip Code
Jomeisvi@gumzil.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jose A Delgado at (786) 487-7249
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: A.S.A.P Multiservices, 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:

A.S.A.P Multiservices, LLC we want the
name ASAP Multiservices, LLC without the
(i)

OR



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

Dated: 10-27-2010

x Melissa Bustillo

Signature of a member or authorized representative of a member

Melissa Bustillo

Typed or printed name of signee

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

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TALLAHASSEE, FLORIDA

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

L10000111628
FILED 8:00 AM
October 26, 2010
Sec. Of State
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Article I

The name of the Limited Liability Company is:
A.S.A.P MULTISERVICES,LLC

Article II

The street address of the principal office of the Limited Liability Company is:
4111 SW 158 AVE
MIRAMAR, FL. 33027

The mailing address of the Limited Liability Company is:
4111 SW 158 AVE
MIRAMAR, FL. 33027

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

Article IV

The name and Florida street address of the registered agent is:
MELISSA BUSTILLO
4111 SW 158 AVE
MIRAMAR, FL. 33027

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: MELISSA BUSTILLO

Article V

The name and address of managing members/managers are:

Title: MGRM
MELISSA BUSTILLO
4111 SW 158 AVENUE
MIRAMAR, FL. 33027

Title: MGR
JOSE A DELGADO
4111 SW 158 AVE
MIRAMAR, FL. 33027

Article VI

The effective date for this Limited Liability Company shall be:

10/25/2010

Signature of member or an authorized representative of a member

Signature: MELISSA BUSTILLO

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