

L10000117603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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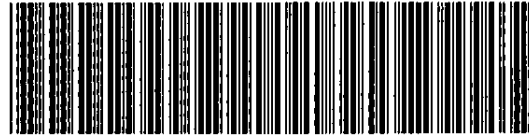
(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 22 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASHE4ALL 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:

ELVIRA ACOSTA

Name of Person

ELVIRA ACOSTA ENROLLED AGENT INC.

Firm/Company

3809 WEST FLAGLER STREET

Address

MIAMI FL 33134

City/State and Zip Code

TAXMASTER@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ELVIRA ACOSTA

Name of Person

at (305)

541-9333
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)

FILED
10 NOV 19 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION FOR

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:
CACHE4ALL 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:

OR

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

10 NOV 19 AM 1
DEPT. OF
ALLIANCEE.F

Dated: November 17, 2010

November 1, 2010
Mamuel Rodriguez
 Signature of a member or authorized representative of a member

MANUEL J. RODRIGUEZ

Typed or printed name of signee

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

FILED
10 NOV 19 AM 4:24
RECORDS OF STATE
TALLAHASSEE, FLORIDA

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

L10000117603
FILED 8:00 AM
November 12, 2010
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

CASHE4ALL LLC

Article II

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

11365 SW 123 TERRACE
MIAMI, FL. 33176

The mailing address of the Limited Liability Company is:

11365 SW 123 TERRACE
MIAMI, FL. 33176

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:

MANUEL J RODRIGUEZ
11365 SW 123 TERRACE
MIAMI, FL. 33176

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: MANUEL J RODRIGUEZ

Article V

The name and address of managing members/managers are:

Title: MGR
MANUEL J RODRIGUEZ
11365 SW 123 TERRACE
MIAMI, FL. 33176

Title: MGR
SANDRA RODRIGUEZ
11365 SW 123 TERRACE
MIAMI, FL. 33176

Signature of member or an authorized representative of a member

Signature: MANUEL J RODRIGUEZ

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FILED 8:00 AM
November 12, 2010
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