

L10000119600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

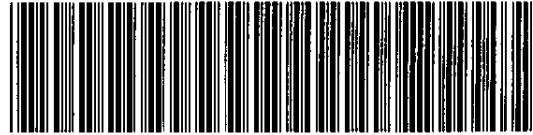
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 18 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 19 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vivi Nails and Spa 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:

Lawrence E Blacke

Name of Person

Law Office of Lawrence E Blacke

Firm/Company

3326 NE 33 Street

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

vivinguyen@aol.com

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

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10 NOV 18 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lawrence E Blacke

Name of Person

at (954)

566-5070

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:
 Vivi Nails and Spa, 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 sole member was left off. The Sole Member of the LLC is:

Vivi Nguyen Ha

1521 E Commercial Blvd Fort Lauderdale, FL 33309

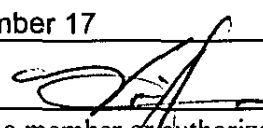
OR



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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Dated: November 17, 2010



Signature of a member or authorized representative of a member

~~Lawrence E. Blacke~~ Vivi Nguyen Ha

Typed or printed name of signee

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

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

L10000119600
FILED 8:00 AM
November 17, 2010
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:
VIVI NAILS & SPA, LLC.

Article II

The street address of the principal office of the Limited Liability Company is:
1521 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL. 33309

The mailing address of the Limited Liability Company is:
1521 E. COMMERCIAL BLVD.
FORT LAUDERDALE, FL. 33309

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:
BLACK E. LAWRENCE
3326 N.E. 33RD STREET
FORT LAUDERDALE, FL. 33308

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: LAWRENCE E. BLACK E

Article V

The effective date for this Limited Liability Company shall be:
11/17/2010

Signature of member or an authorized representative of a member
Signature: VIVI NGUYEN HA