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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -8 PM 12:15

T. HAMPTON

APR 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All 4 Seasons-Healty & Beauty 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:

Maria Del Pilar Barraza

Name of Person

All 4 Seasons - Healty & Beauty LLC

Firm/Company

8401 SW 107 Ave. Suite 239-E

Address

Miami, Florida 33173

City/State and Zip Code

all4seasons_43@hotmail.com

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

For further information concerning this matter, please call:

Marco A. Barraza

Name of Person

at (786) 728-2102

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:
All 4 Seasons-Health & Beauty 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:

All 4 Seasons-Healty & Beauty LLC (it's incorrect name)

All 4 Seasons-Health & Beauty LLC (it's a correct name of corporation)

OR

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

Dated: 04/ 06 2011


Signature of a member or authorized representative of a member

Maria Del Pilar Barraza

Typed or printed name of signee

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

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

L11000039557
FILED 8:00 AM
April 01, 2011
Sec. Of State
gmcleod

Article I

The name of the Limited Liability Company is:
ALL4 SEASONS-HEALTHY & BEAUTY LLC

Article II

The street address of the principal office of the Limited Liability Company is:
8401 SW 107 AVE.
SUITE 239-E
MIAMI, FL. 33173

The mailing address of the Limited Liability Company is:
8401 SW 107 AVE.
SUITE 239-E
MIAMI, FL. 33173

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:
MARIA P BARRAZA
8401 SW 107 AVE.
SUITE 239-E
MIAMI, FL. 33173

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: MARIA DEL PILAR BARRAZA

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR -8 PM 12:15

Article V

The name and address of managing members/managers are:

Title: MGRM
MARIA P BARRAZA
8401 SW 107 AVE. SUITE 239-E
MIAMI, FL. 33173

Title: MGRM
MARCO A BARRAZA SR.
8401 SW 107 AVE. SUITE 239-E
MIAMI, FL. 33173

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FILED 8:00 AM
April 01, 2011
Sec. Of State
gmcleod

Article VI

The effective date for this Limited Liability Company shall be:

04/01/2011

Signature of member or an authorized representative of a member

Electronic Signature: MARIA DEL PILAR BARRAZA

I am the member or authorized representative submitting these Articles of Organization and affirm that facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

DIVISION OF CORPORATE AFFAIRS
11 APR -8 PM 12:15