

L11000136832

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 AM 8:50

T. HAMPTON

JAN - 4 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELSSITA 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:

IOA C OVIES
Name of Person

IOA C OVIES CPA PA
Firm/Company

3785 NW 82 AVE #302
Address

DORAL FL 33166
City/State and Zip Code

idaovies@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IOA OVIES at (305) 477 5798
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 DEC 30 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 22, 2011

IDA C OVIES CPA PA
3785 NW 82 AVE
302
DORAL, FL 33166 US

SUBJECT: ELSSITA LLC
Ref. Number: L11000136832

We have received your document for ELSSITA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00028527

**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:

ELSSITA 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:

INCORRECT STREET ADDRESS (ARTICLE II) AND MAILING ADDRESS (ARTICLE III). CORRECT STREET AND MAILING ADDRESS IS: 3785 NW 82 AVE, STE 302, DORAL, FL. 33166

OR



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

Dated: _____

12/30/11

Elsa Bravo

Signature of a member or authorized representative of a member

ELSA E. BRAVO, MGM

Typed or printed name of signee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 AM 8:50

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

L11000136832
FILED 8:00 AM
December 05, 2011
Sec. Of State
clewis

Article I

The name of the Limited Liability Company is:

ELSSITA LLC

Article II

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

2609 COLLINS AVE
MIAMI BEACH, FL. US 33140

The mailing address of the Limited Liability Company is:

2609 COLLINS AVE
MIAMI BEACH, FL. US 33140

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:

EDUARDO PEREZ-ORIVE
2609 COLLINS AVE
MIAMI BEACH, FL. 33140

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: EDUARDO PEREZ-ORIVE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 AM 8:50

Article V

The name and address of managing members/managers are:

Title: MGR
ELSA E BRAVO
2609 COLLINS AVE
MIAMI BEACH, FL. 33140 US

Title: MGR
MARIANO CECCHI
2609 COLLINS AVE
MIAMI BEACH, FL. 33140 US

Signature of member or an authorized representative of a member

Electronic Signature: ELSA E BRAVO

I am the member or authorized representative submitting these Articles of Organization and affirm that the 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.

L11000136832
FILED 8:00 AM
December 05, 2011
Sec. Of State
clewis

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 30 AM 8:50