

L12000068553

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 AM 11:59

MAY 30 2012

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GLOW MAIDS, 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:

KERRI PRESCOTT

Name of Person

GLOW MAIDS, LLC

Firm/Company

1927 SE 45TH STREET

Address

CAPE CORAL, FL

City/State and Zip Code

KPRESCOTT@GLOWMAIDS.COM

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

For further information concerning this matter, please call:

KERRI PRESCOTT

Name of Person

at ( 239 )

6456100

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

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:  
GLOW MAIDS, 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:

MANAGING MEMBER SHOULD BE - KERRI PRESCOTT 51%

MEMBER SHOULD BE - ROBERT PRESCOTT 49%

**OR**

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

Dated:           MAY 25          , 2012

Signature of a member or authorized representative of a member

**KERRI PRESCOTT**

Typed or printed name of signee

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 AM 11:59

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

**L12000068553  
FILED 8:00 AM  
May 22, 2012  
Sec. Of State  
Isellers**

**Article I**

The name of the Limited Liability Company is:

**GLOW MAIDS, LLC**

**Article II**

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

**1927 SE 45TH STREET  
CAPE CORAL, FL. 33904**

The mailing address of the Limited Liability Company is:

**1927 SE 45TH STREET  
CAPE CORAL, FL. 33904**

**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:

**KERRI A PRESCOTT  
1927 SE 45TH STREET  
CAPE CORAL, FL. 33904**

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: **K. PRESCOTT**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 AM 11:55**

### Article V

The name and address of managing members/managers are:

Title: MGRM  
ROBERT L. PRESCOTT  
1927 SE 45TH STREET  
CAPE CORASL, FL. 33904

L12000068553  
FILED 8:00 AM  
May 22, 2012  
Sec. Of State  
Isellers

### Article VI

The effective date for this Limited Liability Company shall be:

05/22/2012

Signature of member or an authorized representative of a member:

Electronic Signature: K.PRESCOTT

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 29 AM 11:59