

L1200000 82283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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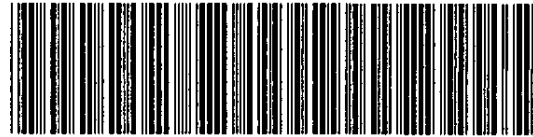
(Business Entity Name)

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2012 JUL 13 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 13 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valrico 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:

CAM THI N LE
Name of Person

Valrico Nails AND SPA LLC
Firm/Company

1903 B STATE ROAD 60 EAST
Address

Valrico, FL 33594
City/State and Zip Code

CAMTHIL @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAM THI LE at (813) 368-3649 / (813) 654-5355
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the limited liability company is:

Valrico 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:

Peter, LE

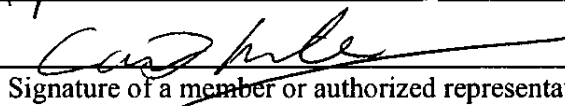
HAI, DOAN

Please remove the two names. I can not open
my bussiness Account at the bank. My tax ID and BUSS. License
WAC register under my name as CAM THI N. LE. Please
OR help me out. Thank you



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

Dated: 07/9/12


Signature of a member or authorized representative of a member

CAM THI N LE

Typed or printed name of signee

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

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

L12000082283
FILED 8:00 AM
June 21, 2012
Sec. Of State
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Article I

The name of the Limited Liability Company is:
VALRICO NAILS AND SPA LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1903 B STATE ROAD 60 EAST
VALRICO, FL. 33594

The mailing address of the Limited Liability Company is:
1903 B STATE ROAD 60 EAST
VALRICO, FL. 33594

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:
PETER LE
9967 58TH STREET EAST
PARRISH, FL. 34219

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: PETER LE

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TALLAHASSEE, FLORIDA

Article V

The name and address of managing members/managers are:

Title: MGRM
CAM THI N LE
1903 B STATE ROAD 60 EAST
VALRICO, FL. 33594

Title: MGRM
HAI DOAN
1903 B STATE ROAD 60 EAST
VALRICO, FL. 33594

Title: MGRM
PETER LE
1903 B STATE ROAD 60 EAST
VALRICO, FL. 33594

Signature of member or an authorized representative of a member

Electronic Signature: PETER LE

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.

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June 21, 2012
Sec. Of State
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