

L120006126294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

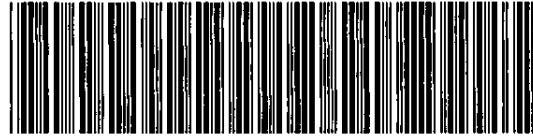
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600240182306

10/05/12--01030--002 **30.00

T. CLINE

OCT - 8 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT - 5 PM 1:00

FILED

L12-126294

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Devine Hair & Nails 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:

Verdie M. Williams

Name of Person

JMC Multi Services LLC

Firm/Company

2893 W Sunrise Boulevard

Address

Fort Lauderdale, FL 33311

City/State and Zip Code

jmclsvs@aol.com

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

For further information concerning this matter, please call:

Verdie M. Williams

Name of Person

at (954)

791-1701

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)

FILED
2012 OCT -5 PM 1:00
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.

FIRST: The name of the limited liability company is:
Devine Hair & Nails 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 company's name was misspelled. The correct company name should read:

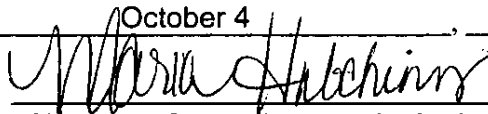
Divine Hair & Nails LLC

OR



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

Dated: October 4, 2012.



Signature of a member or authorized representative of a member

Maria Hutchins

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

2012 OCT -5 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

L12000126296
FILED 8:00 AM
October 03, 2012
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

DEVINE HAIR & NAILS LLC

Article II

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

5339 NORTH STATE ROAD 7
TAMARAC, FL. 33319

The mailing address of the Limited Liability Company is:

5339 NORTH STATE ROAD 7
TAMARAC, FL. 33319

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 HUTCHINS
5339 NORTH STATE ROAD 7
TAMARAC, FL. 33319

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 HUTCHINS

Article V

The name and address of managing members/managers are:

Title: MGRM
MARIA HUTCHINS
5339 NORTH STATE ROAD 7
TAMARAC, FL. 33319 US

Title: MGR
MARVA MOSS
5339 NORTH STATE ROAD 7
TAMARAC, FL. 33319 US

L12000126296
FILED 8:00 AM
October 03, 2012
Sec. Of State
Isellers

Signature of member or an authorized representative of a member

Electronic Signature: MARIA HUTCHINS

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.