

U12 000126356

(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



900241225269

10/29/12--01009--010 **25.00

SECRETARY OF STATE
-TALLAHASSEE, FLORIDA

2012 OCT 29 PM 1:39

T. CLINE

OCT 20 2012

EXAMINER

U12-126356

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remove of managers name entered incorrectly
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:

Vera Lucia Carvalho Migowski

Name of Person

VMVEST LLC

Firm/Company

6187 NW 167th Street, Suite H33

Address

Miami, FL-33015

City/State and Zip Code

vera@routepro.com

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

For further information concerning this matter, please call:

Vera Lucia Carvalho Migowski

Name of Person

at (786)

888-1147

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2012 OCT 29 PM 1:39

**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:
 VMVEST 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:

OR

☒


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

Managers were added by mistake. Please remove both Claudio Araujo and

Monica Mesa as registered Managers. They should not appear in any of the

company documents.

Dated: October 19th, 2012



Signature of a member or authorized representative of a member

Vera Lucia Carvalho Migowski

Typed or printed name of signee

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

Article V

The name and address of managing members/managers are:

Title: MGR
CLAUDIO ARAUJO
6187 NW 167TH STREET, SUITE H33
HIALEAH, FL. 33015 US

Title: MGR
MONICA MESA
6187 NW 167TH STREET, SUITE H33
HIALEAH, FL. 33015 US

L12000126356
FILED 8:00 AM
October 03, 2012
Sec. Of State
alunt

REMOVE

Article VI

The effective date for this Limited Liability Company shall be:

09/27/2012

Signature of member or an authorized representative of a member

Electronic Signature: VERA LUCIA CARVALHO MIGOWSKI

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.

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

L12000126356
FILED 8:00 AM
October 03, 2012
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:

VMVEST LLC

Article II

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

6187 NW 167TH STREET
SUITE H33
HIALEAH, FL. 33015

The mailing address of the Limited Liability Company is:

6187 NW 167TH STREET
SUITE H33
HIALEAH, FL. 33015

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:

VERA LUCIA MIGOWSKI
6187 NW 167TH STREET
SUITE H33
HIALEAH, FL. 33015

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: VERA LUCIA CARVALHO MIGOWSKI