

L13000026621

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13 MAR 19 AM 8:24
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 20 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAVES SPA HOLLISTIC CENTER 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:

Name of Person
INFOTAXSQUARE.COM INC
Firm/Company
7 DAVID AVENUE
Address
HICKSVILLE, NY 11801
City/State and Zip Code

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

For further information concerning this matter, please call:

MADIHA at 516 822-3100
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

CR2E062 (08/05)

TALLAHASSEE, FLORIDA

13 MAR 19 AM 8:24

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**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:

WAVES SPA HOLISTIC CENTER LLC**SECOND:**

The articles of organization or the application to transact business

L13000026621

(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:

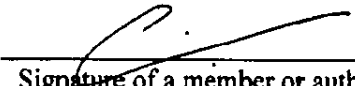
ARTICLE I: THE WORD "HOLLISTIC" IS SPELLED WRONG IN COMPANY NAME - CORRECT NAME IS:

WAVES SPA HOLISTIC CENTER LLC

ARTICLES II, IV AND V, CITY IS SPELLED WRONG, COMPLETE CORRECT ADDRESS IS:

622 SW 147TH TERRACE PEMBROKE PINES, FL 33027**OR**

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

Dated: MARCH 1ST, 2013
Signature of a member or authorized representative of a memberANDROS MARTIN

Typed or printed name of signee

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

TALLAHASSEE, FLORIDA

13 MAR 19 AM 8:26

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

L13000026621
FILED 8:00 AM
February 20, 2013
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:
WAVES SPA HOLLISTIC CENTER LLC

Article II

The street address of the principal office of the Limited Liability Company is:
11200 SW 8TH ST-GRAHAM CENTER 1241
MIAMI, FL. US 33199

The mailing address of the Limited Liability Company is:
622 SW 147TH TERRACE
PEMBROKE PINE, FL. US 33027

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:
ANDROS MARTIN
622 SW 147TH TERRACE
PEMBROKE PINE, FL. 33027

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: ANDROS MARTIN

Article V

The name and address of managing members/managers are:

Title: MGRM
ANDROS MARTIN
622 SW 147TH TERRACE
PEMBROKE PINE, FL. 33027 US

Title: MGRM
MARIANA MARTIN
622 SW 147TH TERRACE
PEMBROKE PINE, FL. 33027 US

L13000026621
FILED 8:00 AM
February 20, 2013
Sec. Of State
bbostick

Signature of member or an authorized representative of a member

Electronic Signature: ANDROS MARTIN

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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2013

INFOTAXSQUARE.COM
7 DAVID AVENUE
HICKSVILLE, NY 11801

SUBJECT: WAVES SPA HOLLISTIC CENTER LLC
Ref. Number: L13000026621

We have received your document for WAVES SPA HOLLISTIC CENTER 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 113A00005343

FILED
13 MAR 19 AM 8:24
TALLAHASSEE, FLORIDA