

L13000083623

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13 JUN 24 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 25 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CASA DE SONRISAS, 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:

Shawn Johnson

Name of Person

Railey, Harding & Allen, P.A.

Firm/Company

15 N. Eola Drive

Address

Orlando, Florida 32801

City/State and Zip Code

sjohnson@raileyharding.com

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

For further information concerning this matter, please call:

Shawn Johnson

Name of Person

at (**407**) **648-9119**

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
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FILED

13 JUN 24 PM 4:46

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:

CASA DE SONRISAS, LLC

L13000083623

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:

Principal Address, Mailing Address and Manager Address are: 1100 EDWARDS

LAKE, ORLANDO, FL 32804.

The Principal Address, Mailing Address and Manager address should be:

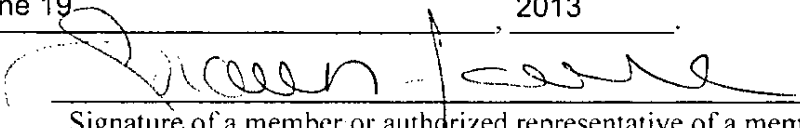
1100 EDWARDS LANE, ORLANDO, FL 32804.

OR



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

Dated: June 19, 2013


Signature of a member or authorized representative of a member

Shawn Johnson, Bailey, Harding: Allen, P.A.
Typed or printed name of signee

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

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

L13000083623
FILED 8:00 AM
June 10, 2013
Sec. Of State
Isellers

Article I

The name of the Limited Liability Company is:

CASA DE SONRISAS, LLC

Article II

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

1100 EDWARDS LAKE
ORLANDO, FL. US 32804

The mailing address of the Limited Liability Company is:

1100 EDWARDS LAKE
ORLANDO, FL. US 32804

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:

RAILEY, HARDING & ALLEN, P.A.
15 N. EOLA DRIVE
ORLANDO, FL. 32801

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: NORA MILLER

Article V

The name and address of managing members/managers are:

Title: MGR
MEGAN DENNIS
1100 EDWARDS LAKE
ORLANDO, FL. 32804 US

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June 10, 2013
Sec. Of State
Isellers

Article VI

The effective date for this Limited Liability Company shall be:

06/10/2013

Signature of member or an authorized representative of a member

Electronic Signature: MEGAN DENNIS

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.