

U13000151635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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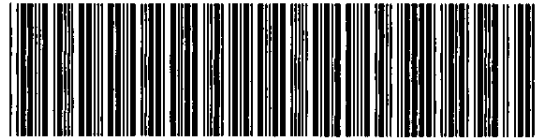
(Business Entity Name)

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

NOV 19 2013  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEAUTY SYSTEM SUPPLY, 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:

Rafael Mons  
Name of Person

BEAUTY SYSTEM SUPPLY, LLC.  
Firm/Company

3840 N. 49<sup>th</sup> AVE.  
Address

HOLLYWOOD, FL. 33021  
City/State and Zip Code

rafimoas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rafael Mons at ( 754 ) 244-2600  
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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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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:  
BEAUTY SYSTEM SUPPLY, 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:  
TO REMOVE: ATIAS, MALMON LASSO owner  
5100 SHERIDAN ST.  
HOLLYWOOD, FL. 33021

→ should only have one owner which is Rafael Moas.

Dated: November 13th, 2013.

Rafael Moas  
Signature of a member or authorized representative of a member

Rafael Moas

Typed or printed name of signee

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

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

L13000151635  
FILED 8:00 AM  
October 28, 2013  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
BEAUTY SYSTEM SUPPLY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5100 SHERIDAN ST.  
HOLLYWOOD, FL. US 33021

The mailing address of the Limited Liability Company is:  
5100 SHERIDAN ST.  
HOLLYWOOD, FL. US 33021

**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:  
RAFAEL MOAS  
3840 N. 49TH AVE.  
HOLLYWOOD, FL. 33021

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: RAFAEL MOAS

## Article V

The name and address of managing members/managers are:

Title: MGRM  
RAFAEL MOAS  
3840 N. 49TH AVE.  
HOLLYWOOD, FL. 33021 US

Title: MGRM  
MAIMON ATIAS  
5100 SHERIDAN ST.  
HOLLYWOOD, FL. 33021 US

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tcline

Signature of member or an authorized representative of a member

Electronic Signature: RAFAEL MOAS

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.