

L14000005660

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2014 FEB -3 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Giffen FEB -5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nargila Smoke Shop LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shahar Maymon
Name of Person

Nargila Smoke Shop LLC
Firm/Company

401 E Hallandale Beach Blvd Ste 41A
Address

Hallandale, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

Shahar Maymon at (786) 493 1133
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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is:

Nargila Smoke Shop LLC

SECOND: Document to be corrected is:

L14000005660

(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:

Authorized Person(s) Detail - None

Corrected Authorized Detail Person(s) Detail

Shahar M Maymon

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2014 FEB -3 PM 12:24
NOTARY OF STATE
TALLAHASSEE, FLORIDA

OR



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

OR



The electronic transmission of the record was defective.

Shahar M Maymon
Signature of Authorized Representative

1/30/14
Date

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

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

L14000005660
FILED 8:00 AM
January 10, 2014
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
NARGILA SMOKE SHOP LLC

Article II

The street address of the principal office of the Limited Liability Company is:
401 E HALLANDALE BCH. BLVS.
STE 41A
HALLANDALE BCH, FL. US 33009

The mailing address of the Limited Liability Company is:
401 E HALLANDALE BCH. BLVS.
STE 41A
HALLANDALE BCH, FL. US 33009

Article III

The name and Florida street address of the registered agent is:
SHAHAR MAYMON
401 E. HALLANDALE BCH BLVD
STE 41 A
HALLANDALE BCH, FL. 33009

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: SHAHAR MAYMON

Article IV

The effective date for this Limited Liability Company shall be:
01/10/2014

Signature of member or an authorized representative

Electronic Signature: SHAHAR MAYMON

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.