

L14000024558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

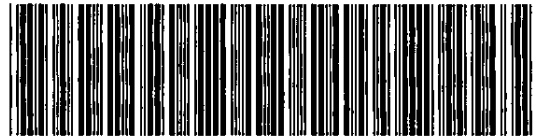
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2014 MAR -5 PM 4: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Associates Plus, 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:

Michael L. Dale, Esq
Name of Person

Office of Michael L. Dale, P.A.
Firm/Company

2614 SE Willoughby Blvd
Address

Stuart, FL 34994
City/State and Zip Code

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

For further information concerning this matter, please call:

Naitaur R. Cassimer at (954) 839-4932
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:

All Associates Plus, LLC

SECOND: Document to be corrected is:

Articles of Organization

(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:

Manager and registered agent's name
was misspelled Naiteur R. Vladimir
should be Naiteur R. Casimir

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.

Nature Casimir

Signature of Authorized Representative

2-26-16

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR -5 PM 4: 24

FILED

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

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

L14000024558
FILED 8:00 AM
February 12, 2014
Sec. Of State
bbostick

Article I

The name of the Limited Liability Company is:
ALL ASSOCIATES PLUS,LLC

Article II

The street address of the principal office of the Limited Liability Company is:
2101 VISTA PARK WAY
110
WEST PALM BEACH, FL. 33411

The mailing address of the Limited Liability Company is:
2101 VISTA PARK WAY
110
WEST PALM BEACH, FL. 33411

Article III

Other provisions, if any:
ANY LAWFUL BUSINESS

Article IV

The name and Florida street address of the registered agent is:
NAITEUR R VLADIMIR
2101 VISTA PARK WAY
110
WEST PALM BEACH, FL. 33411

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: NAITEUR VLADIMIR

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
NAITEUR R VLADIMIR
2101 VISTA PARK WAY
WEST PALM BEACH, FL. 33411 US

L14000024558
FILED 8:00 AM
February 12, 2014
Sec. Of State
bbostick

Article VI

The effective date for this Limited Liability Company shall be:

02/11/2014

Signature of member or an authorized representative

Electronic Signature: NAITEUR VLADIMIR

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**

L14000024558
FILED 8:00 AM
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