

L14 0 00077640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

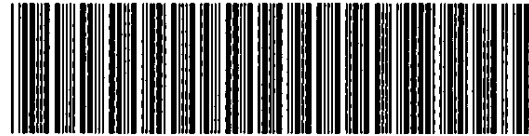
(Business Entity Name)

(Document Number)

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14 MAY -7 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 15 2014

625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2014

ALICIA LESNIAK
35 NE 40TH ST #202
MIAMI, FL 33137

SUBJECT: ALICIA C, LESNIAK LMHC, LLC
Ref. Number: W14000026915

We have received your document for ALICIA C, LESNIAK LMHC, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00009070

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alicia C. Lesniak LLC, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia Lesniak
Name of Person

Alicia C. Lesniak LLC, LLC
Firm/Company

35 NE 40th St #202
Address

Miami FL 33137
City/State and Zip Code

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

For further information concerning this matter, please call:

Alicia Lesniak at (305) 323-1333
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Licensed Mental Health Counselor

Name and Address:

Alicia C. Lesniak LLC

35 NE 40 St #202

Miami FL 33137

(Use attachment if necessary)

5/9/14
~~4/9/14~~

correction
ALL

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 LLC

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Alicia Lesniak LLC

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAY -7 PM 3:53

FILED