

# L14000080655

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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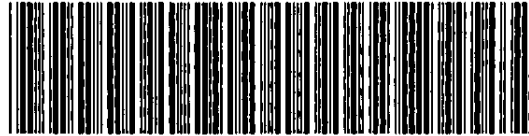
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 MAY 30 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guilford JUN - 5 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERFECT SWITCH  
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:

Cesar Bautista  
Name of Person

PERFECT SWITCH  
Firm/Company

1618 NE 205 Terrace  
Address

Miami FL 33179  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cesar Bautista at (305) 297-7161  
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: PERFECT SWITCH LLC.

**SECOND:** The Florida Document number of the limited liability company is: L14000080655

**THIRD:** Document to be corrected is:

Entity Name

**(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:

The company name was missed spelled.  
Please change to PERFECT SWITCH LLC.

**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.

Sean D. Boulisha  
Signature of Authorized Representative

5/27/14  
Date

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

FILED  
2014 MAY 30 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

L14000080655  
FILED 8:00 AM  
May 19, 2014  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:

PREFECT SWITCH L.L.C.

**Article II**

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

1618 NE 205 TERRACE  
MIAMI, FL. 33179

The mailing address of the Limited Liability Company is:

1618 NE 205 TERRACE  
MIAMI, FL. 33179

**Article III**

The name and Florida street address of the registered agent is:

CESAR BAUTISTA  
8224 NW 8TH PL  
#5  
PLANTATION, FL. 33324

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: CESAR BAUTISTA

#### **Article IV**

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

Title: MGR  
CESAR BAUTISTA  
8224 NW 8TH PL #5  
PLANTATION, FL. 33324

Title: MGR  
JORGE MARTINEZ  
8224 NW 8TH PL #5  
PLATATION, FL. 33324

L14000080655  
FILED 8:00 AM  
May 19, 2014  
Sec. Of State  
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#### **Article V**

The effective date for this Limited Liability Company shall be:

06/01/2014

Signature of member or an authorized representative

Electronic Signature: CESAR BAUTISTA

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.