

LIS000124408

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N. Culligan AUG -4 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL VAPE 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:

JESUS LAMAZARES JR.
Name of Person

UNIVERSAL VAPE LLC.
Firm/Company

1039 NW 161 AVE
Address

PEMBROKE PINES, FL 33028
City/State and Zip Code

JESUS @ UNIVERSALVAPECO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LAMAZARES JR. at 954 951-0929
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: UNIVERSAL VAPE LLC

SECOND: The Florida Document number of the limited liability company is: L15000124408

THIRD: Document to be corrected is:
ARTICLES OF ORGANIZATION & CERTIFICATE OF STATUS

(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 INCORRECT STATEMENT IS COMPANY NAME: UNVIERAL VAPE LLC
- SPELLED INCORRECTLY
- CORRECTED STATEMENT COMPANY NAME:
UNIVERSAL VAPE 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.

[Signature]
Signature of Authorized Representative

7/31/15
Date

FILED
2015 AUG -3 AM 10:55
TALLAHASSEE, FLORIDA
SOLICITOR GENERAL'S OFFICE

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