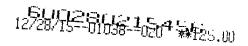
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(Re	equestor's Name)	
. (Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

111/2-1254

COVER LETTER

Division of Corporations	•
SUBJECT: Paula's	Corporation 1, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Articles of Organization	n and fee(s) are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
Janie	er Augusto Vargas Name of Person
	Name of Person
	Firm/Company
3808	Gatlin Place Circle Address
	Address
<u>Orla</u>	City/State and Zip Code
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Tavier Varga Name of Person	at (32) 947 - 6147 Area Code Daytime Telephone Number
Enclosed is a check for the following	amount:
11//	siling Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, ce of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corpor	New Filing Section ations Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32	314 2661 Executive Center Circle

Tallahassee, FL 32301



January 8, 2016

JAVIER AUGUSTA VARGAS 3808 GATLIN PLACE CIRCLE ORLANDO, FL 32812

SUBJECT: PAULA'S CORPORATION 1, LLC

Ref. Number: W16000001254

We have received your document for PAULA'S CORPORATION 1, 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 name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return 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) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 116A00000546

1/20/2016

Dear Mrs. Dickey and Mr. Chang,

Please find enclosed herewith, the revised articles of organization for Paula's 1, LLC, Paula's 2, LLC and Paula's 3, LLC. As instructed I have removed "Corporation" from the name. Please let me know if you need anything additional.

Thank you,

Stuart Glenn

C; 321-231-3155

COVER LETTER

	egistration Section vivision of Corporations	
SUBJECT	r: Paula's Name of	Limited Liability Company
	sed Articles of Organization and fee(s	-
Please retu	irn all correspondence concerning this	s matter to the following:
	Javier Au	Name of Person
		Name of Person
		F:/0
		Firm/Company
	3808 Gatl	in Place Circle Address
	Orlando,	FL 32812 City/State and Zip Code
		· · · · · · · · · · · · · · · · · · ·
•	E-mail address: (to be u	sed for future annual report notification)
For further is	nformation concerning this matter, pl	ease call:
	Janier Vareas "	(32) \ 947 - 6147
	Name of Person	(321) 947 - 6147 Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
,	iling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sife Certificate of Status & Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Javier Avgusto Vargas :
	3808 Gathin Place Circle
	Orlando, FL 32812 002 00
MGR	Eliana Gongora 7
	3808 Gathin Place Circle ==
	Orlando, FL 32812 0-1
	Open N
	<u> </u>
	e date of filing: $\frac{1/1/2016}{}$ (OPTIONAL) be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other than the ective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the detive date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department. EVI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be ment of State's records.
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LE V: Effective date, if other than the dective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Departure VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be sment of State's records.
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LE V: Effective date, if other than the dective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date in the Department of the Departmen	s not meet the applicable statutory filing requirements, this date will not be sment of State's records. Take the applicable statutory filing requirements, this date will not be sment of State's records. Take the applicable statutory filing requirements, this date will not be sment of State's records. Take the applicable statutory filing requirements, this date will not be sment of State will not be sment of State of a member. Take the applicable statutory filing requirements, this date will not be sment of State will not be
LE V: Effective date, if other than the dective date is listed, the date must of filing.) The date inserted in this block does ment's effective date on the Department's effective date in the Department of the Departmen	s not meet the applicable statutory filing requirements, this date will not be the ment of State's records. A member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in \$817.155, F.S.

Page 2 of 2