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#### **COVER LETTER**

CR2E062 (08/05)

TO: Registration Section Division of Corporations
SUBJECT: CHIOLING MASSAGE THERAPY Services (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Articles of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:  DANIEL JAMES MARTIN  ANDREW SCOTT KITTSLEY
ANDREW SCOTT KITTSLEY (Name of Person)  ChiOLing Massage Therapy Services, LLC (Firm/Company)
240 CAMBRIDGE BLUD  (Address)  Address)
WINTER PARK FL 32789  (City/State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
DANIEL TAMES MARTIN at (407) 766 7139  (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 \$\Bigcup \text{\$55 Filing Fee & Certificate of Status}\$\$ Certified Copy \$60 Filing Fee, Certified Copy

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: ChiOLing MASSAGE THERE SERVICES, LLC
SECO	ND: The articles of organization or the application to transact business
(CH	ECK 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:
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,	Reason incorrect: Old Suite # > Moved next door.
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	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
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•	
Dated:	Sept 19 2006
	2000
	Signature of a member of authorized representative of a member
	DANIEL JAMES MARTIN
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

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

L06000000539 FILED 8:00 AM January 03, 2006 Sec. Of State jbryan

#### Article I

The name of the Limited Liability Company is: CHIOLING MASSAGE THERAPY SERVICES, LLC

#### Article II

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

1155 WEST STATE ROAD 434 SUITE 123 LONGWOOD, FL. 32750

The mailing address of the Limited Liability Company is:

1155 WEST STATE ROAD 434 SUITE 123 LONGWOOD, FL. 32750

#### **Article III**

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

ANDREW S KITTSLEY 240 CAMBRIDGE BLVD WINTER PARK, FL. 32789

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: ANDREW S. KITTSLEY

# **Article IV**

The name and address of managing members/managers are:

Title: MGR ANDREW S KITTSLEY 240 CAMBRIDGE BLVD WINTER PARK, FL. 32789

Title: MGRM DANIEL J MARTIN 240 CAMBRIDGE BLVD WINTER PARK, FL. 32789

## Article V

The effective date for this Limited Liability Company shall be: 02/01/2006

Signature of member or an authorized representative of a member Signature: DANIEL JAMES MARTIN

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