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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOLCE VITA MASSAGE CLINIC, LLC

(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:

AUGUSTO FERREIRA

(Name of Person)

AUGUSTO FERREIRA ACCOUNTING SERVICE

(Firm/Company)

195 S. WESTMONTE DR SUITE 1114

(Address)

ALTAMONTE SPRINGS, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

AUGUSTO FERREIRA

(Name of Person)

at (407) 786-6400

(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

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

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

FIRST: The name of the limited liability company is:
DOLCE VITA MASSAGE CLINIC, LLC

SECOND: The articles of organization or the application to transact business

(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 correct spelling of the Registered Agent and MGRM is:

Daniel M. Rosenberg

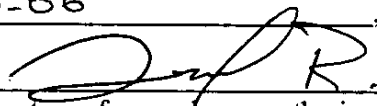
4835 Walden Circle, Orlando FL 32811

Orlando, FL 32811

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 11-15-06



Signature of a member or authorized representative of a member

Daniel M. Rosenberg

Typed or printed name of signee

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

FILED
6 NOV 20 AM 9:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

L06000108600
FILED 8:00 AM
November 08, 2006
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:
DOLCE VITA MASSAGE CLINIC LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6336 KINGSPONTE PKWY
9
ORLANDO, FL. 32819

The mailing address of the Limited Liability Company is:
6336 KINGSPONTE PKWY
9
ORLANDO, FL. 32819

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
DANIEL M ROSENBERG
4835 WALDEN CIRCLE
ORLANDO, FL. 32811

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: DANIEL M ROSENBERG

Article V

The name and address of managing members/managers are:

Title: MGRM
DANIEL M ROSENBURG
4835 WALDEN CIRCLE
ORLANDO, FL. 32811

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FILED 8:00 AM
November 08, 2006
Sec. Of State
mthomas

Article VI

The effective date for this Limited Liability Company shall be:

11/08/2006

Signature of member or an authorized representative of a member

Signature: DANIEL M ROSENBURG