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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLES OF CORRECTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30 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: Vercelli Escape, LLC

SECOND: The articles of organization or the application to transact business contains two incorrect statements. The incorrect statements, the reason the statements are incorrect, and the corrected statements are as follows:

- 1. The articles of organization of the limited liability company incorrectly listed the address of the principal office of the limited liability company as c/o Robert Perro, CardWorks Services, LLC, 101 Crossways Park West, Woodbury, NY 11797. The correct address of the principal office of the limited liability company is 9464 Napoli Lane, Naples, FL 34113.
- 2. The articles of organization of the limited liability company failed to list Janet L. Perro as a Manager of the limited liability company. Each of Janet L. Perro and Robert Perro is a Manager of the limited liability company and Janet L. Perro's address is c/o Robert Perro, CardWorks Services, LLC, 101 Crossways Park West, Woodbury, NY 11797.

Dated: November 19, 2007

Signature of a member or authorized representative of a member

Martin Tallan, Authorized Representative
Typed or printed name of signee

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I.	Name
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The name of the Limited Liability Company is:

Vercelli Escape, LLC

Oxford and with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Malling Address:

olo Robert Parro, CardWorks Services, LLD, 101 Crosswaya Park West, Woodbury, NY 11797

clo Robert Porto, CardWorks Services, LLC. 101 Crossweys Park West, Woodbury, NY 11797

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company communicative as its own Registered Agent. You must designate an individual or spotter business study with an active Plottich registration.)

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

CT Corporation System

Florida street address (P.O. Box NOT accorptable)

Plantation pl 33327 City, State, and Zip

Flaving 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 handy 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 608, P.S.

Registrated Agout's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Tiffe:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address;	
MGR	Robert Perro olo CardWorks Bervious, LLC, 101 Crossways Park West, Woodbury, NY 11797	
· · · · · · · · · · · · · · · · · · ·		
		<i>~</i>)
(Use attachment if necessary) ARTICLE V: Refective date, if other than (If an effective date is listed, the date mus to or 90 days after the date of filing.)	the date of filing:	2001 NOV 13 P
REQUIRED SIGNATURE: Signature of a mer	A THE STATE E. FLORIDA DESCRIPTION OF STATE OF S	= (
(In accordance with of this document or	n section 608.408(3), Florida Statutes, the execution matitutes an affirmation under the penalties of perjury ad harein are true.)	
Martin Talia	NO Typed or printed name of signes	

Filing Posts

5125.00 Filing Foe for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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