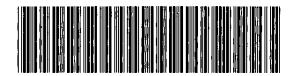
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

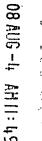
Office Use Only



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SECRETARY OF STATE



p.1

#### **COVER LETTER**

10:	Division of Corporations	
	+1-	

& Bodywork LL.C,

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:

Bina m. Coletti
(Name of Person)
Therapeutic Massages Body auch L.L.C.
(Firm/Company)
8035 Taresex Ct
(Address)
Naples, Fl, 34/19 (City/State and Zip Code)
(Chysime and chy Code)
For further information concerning this matter, please call:

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 1555 Filing Fee & Certified Copy

\$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

## ARTICLES OF CORRECTION **FOR**

# FILED

08 AUG -4 AHII: 49

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: Therapeutic massage & Podywork L.L.C
SECO	•
(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:  Article IV manal (5)
	Wrong Duc to lask of MER MER Should Be Sinam. Coletti MER
	8035 Tauren Ct, Naples, Fl. 34/19
•	OR COR
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated:	7/31/08
	Sino on, ('oleth'
•	Signature of a member or authorized representative of a member  Gina M. Coletto
	Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)

## Electronic Articles of Organization For Florida Limited Liability Company

L08000070417 FILED 8:00 AM July 22, 2008 Sec. Of State gharvey

#### Article I

The name of the Limited Liability Company is:
THERAPEUTIC MASSAGE & BODYWORK L.L.C.

#### **Article II**

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

5633 STRAND BLVD. 307 NAPLES, FL. 34110

The mailing address of the Limited Liability Company is:

8035 TAUREN CT. NAPLES, FL. 34119

#### **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:

GINA M COLETTI 8035 TAUREN CT NAPLES, FL. 34119

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: GINA M. COLETTI

#### Article V

The effective date for this Limited Liability Company shall be:

07/21/2008

Signature of member or an authorized representative of a member

Signature: GINA COLETTI