

L08 000070417

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Therapeutic Massage & Bodywork L.L.C.  
(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:

Gina M. Coletti  
(Name of Person)

Therapeutic Massage & Bodywork L.L.C.  
(Firm/Company)

8035 Taavasa Ct  
(Address)

Naples, FL 34119  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gina M. Coletti at (239) 777-2652  
(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

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

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

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08 AUG -4 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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:

Therapeutic Massage + Bodywork L.L.C.

**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:

Article IV managers  
wrong due to lack of MGR  
MGR Should Be Gina M. Coletti MGR  
8035 Tausen Ct, Naples, FL 34119

**OR**

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

Dated: 7/31/08

Gina M. Coletti

Signature of a member or authorized representative of a member

Gina M. Coletti

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