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SECRETARY OF STATE ON SEVISION OF CORPORATIONS

J. BRYAN

SEP 1 9 2008

EXAMMER

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	(Name o	MAS ACT		ng Arts
Dear Sir or Madam:				
The enclosed Articles	of Correction and fee(s) a	re submitted for filing.		,
Please return all corre	espondence concerning this	matter to the following	g:	S 80
Brand	(Name of Person)		_	OB SEP 18 PM 1
Breath	(Firm/Company)	And Healin	g Ark	ATTOMS RATIONS
710 De	Pugn St. (Address)		_	
Wider	City/State and Zip Code)	30785	<u>ì</u>	
For further information	on concerning this matter, p	olease call:		
Brandie	me of Person)	at (Area Code &	Daytime Telephone Number)	
STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Centa Tallahassee, Florida 3	ons er Circle		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 <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: Breath_ Massage And Hearing Art	7				
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 name Should be Breathe Massac Healing Arts LL	re And				
	Healing AVIS LLC					
	<u>OR</u>					
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:	signed and				
	N/A	<u> </u>				
		SEP SEP				
		ARY COS				
Dated:	Scolember 1244, 2008.	PORATION				
	Signature of a member or authorized representative of a member	- S				
	Prandie N. Davis.					
	Typed or printed name of signee					
	Filing Fee: \$25.00					

Certified Copy:

\$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L08000082744 FILED 8:00 AM August 29, 2008 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is:
BREATH MASSAGE AND HEALING ARTS LLC

Article II

The street address of the principal office of the Limited Liability Company is: 710 DEPUGH ST.

WINTER PARK, FL. 32789

The mailing address of the Limited Liability Company is:

710 DEPUGH ST. WINTER PARK, FL. 32789

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:

BRANDIE N DAVIS 710 DEPUGH ST. 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: BRANDIE N. DAVIS



Article V

The name and address of managing members/managers are:

Title: MGRM BRANDIE N DAVIS 710 DEPUGH ST. WINTER PARK, FL. 32789 L08000082744 FILED 8:00 AM August 29, 2008 Sec. Of State jbryan

Article VI

The effective date for this Limited Liability Company shall be: 08/28/2008

Signature of member or an authorized representative of a member Signature: BRANDIE N. DAVIS

OB SEP 18 PH 1: 14