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10 JUL 12 AM II: 46
SECRETARY OF STATE
SECRETARY OF STATE

# **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	CT: Agamutz Wellness	s LLC	<u>!</u>				
	Name of Limited Liability Co						
Dear Sir	or Madam:		• • •				
The encl	osed Articles of Correction and fee(s) are submitted for filing.		*				
Please re	turn all correspondence concerning this matter to the followin	g:	· ·				
	Himanshu Kumar	,	:				
	Name of Person	-	:				
	Agamutz Wellness LLC	_	•				
	Firm/Company	_	i				
	70 SW 91st Avenue, #310		:				
	Address	<b>-</b>					
	Plantation, FL 33324	_	1				
	City/State and Zip Code		;				
<del></del>	hkumar@miamicitymassage.com nail address: (to be used for future annual report notification)	_					
E-11	nam address: (to be used for future annual report nonfication)						
For furth	er information concerning this matter, please call:	· · · · · · · · · · · · · · · · · · ·					
· <u>- ,</u>	- Himanshu Kumar at (- 973		204-8773				
	Name of Person Area Co	de & Daytime Te	;				
Registrat Division Clifton B	F/COURIER ADDRESS: ion Section of Corporations duilding ecutive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Tallahass	see, Florida 32301  I is a check for the following amount:						
		<b>.</b>					
<b>▼</b> \$25 Fi	lling Fee \$30 Filing Fee & \$55 Filing Fee & Certificate of Status Certified Copy	S60 Filing Certificate Certified	of;Status &				

CR2E062 (08/05)

# ARTICLES OF CORRECTION FOR

10 JUL 12 AM II: L

### FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

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

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	•	Signature of a member or authorized representative of a member													
		HIMANSHU KUMAR													
		Typed or printed name of signee													
					ing Fe tified		' <b>:</b> .		5.00 .00 (o	ption	al)				

# Electronic Articles of Organization For Florida Limited Liability Company

L10000070505 FILED 8:00 AM July 02, 2010 Sec. Of State nculligan

#### Article I

The name of the Limited Liability Company is:
AGAMUTZ WELLNESS LLC

#### **Article II**

The street address of the principal office of the Limited Liability Company is:
16421 COLLINS AVENUE
SUNNY ISLES BEACH, FL. US 33160

The mailing address of the Limited Liability Company is:
70 SW 91ST AVENUE
# 310
PLANTATION, FL. 33324

#### **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:

HIMANSHU KUMAR MR. 70 SW 91ST AVENUE #310 PLANTATION, FL. 33324

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: HIMANSHU KUMAR

# Article V

The name and address of managing members/managers are:

Title: MGRM HIMANSHU KUMAR MR. 70 SW 91ST AVENUE PLANTATION, FL. 33324 US

Title: MGRM MARIZZA CONTRERAS MS. 425 OCEAN DRIVE MIAMI BEACH, FL. 33139 US

## **Article VI**

The effective date for this Limited Liability Company shall be: 07/01/2010

Signature of member or an authorized representative of a member Signature: HIMANSHU KUMAR

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