

L12000032256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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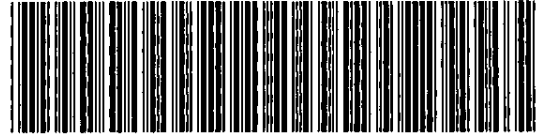
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 10 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBS Massage and Chiropractic Spa LLC  
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:

Yolanda N. Scott  
Name of Person

MBS Massage and Chiropractic Spa LLC  
Firm/Company

813 Mountbatten Ln.  
Address

Kissimmee FL 34758  
City/State and Zip Code

Ypsi617@AOL.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR -9 AM 11:52

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For further information concerning this matter, please call:

Yolanda Scott at (407) 501-0404  
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

**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:  
MBS Massage and Chiropractic Spa LLC

**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:

Incorrect = Mbs Massaga and Chiropractic Spa LLC.

Correct = MBS Massage and Chiropractic Spa LLC

also = Dr. Rachel Daniels Second Member (Dr of chiropractic)  
was not entered on original application by mistake.

**OR**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 APR -9 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: March 29<sup>th</sup> April 5<sup>th</sup>, 2012.

Yolanda N. Scott  
Signature of a member or authorized representative of a member

Yolanda N. Scott      Yolanda N. Scott  
Typed or printed name of signee

**Filing Fee:                    \$25.00**  
**Certified Copy:            \$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L12000032256  
FILED 8:00 AM  
March 06, 2012  
Sec. Of State  
jbryan

**Article I**

The name of the Limited Liability Company is:  
MBS MASSAGA AND CHIROPRACTIC SPA LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
1082 CYPRESS PARKWAY  
KISSIMMEE, FL. US 34759

The mailing address of the Limited Liability Company is:  
813 MOUNTBATTEN LN  
KISSIMMEE, FL. US 34758

**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:  
YOLANDA SCOTT  
223 MAGELLAN DR.  
KISSIMMEE, FL. 34758

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: YOLANDA SCOTT

**Article V**

The effective date for this Limited Liability Company shall be:  
03/06/2012

Signature of member or an authorized representative of a member  
Electronic Signature: YOLANDA SCOTT

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.