

L13000026885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

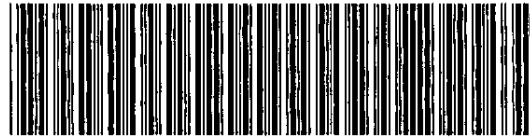
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF PROFESSIONS  
13 FEB 26 AM 11:18

FEB 27 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ballance Massage & Fitness Center, 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:

Mandy Laskowski  
Name of Person

N/A  
Firm/Company

204 Lori Ct  
Address

Umatilla FL 32784  
City/State and Zip Code

mandylaskowskilm+@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Laskowski at (352) 552-1239  
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:  
Ballance Massage & Fitness Center

**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:  
Name of LLC Business to be changed to  
Balance Massage & Fitness Center. When filled,  
the word Balance was mistyped to Ballance, which  
was the incorrect spelling for Company.

**OR** New Name: BALANCE MASSAGE & FITNESS CENTER, LLC

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

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

Dated: 2/25/13

Mandy Laskowski  
Signature of a member or authorized representative of a member

Mandy Laskowski  
Typed or printed name of signee

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

STATE OF FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 26 AM 11:18

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

L13000026885  
FILED 8:00 AM  
February 21, 2013  
Sec. Of State  
tcline

**Article I**

The name of the Limited Liability Company is:  
BALLANCE MASSAGE & FITNESS CENTER, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
128 N. EUSTIS ST.  
SUITE 104  
EUSTIS, FL. 32726

The mailing address of the Limited Liability Company is:  
204 LORI CT.  
UMATILLA, FL. 32784

**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:  
MANDY LASKOWSKI  
128 N. EUSTIS ST.  
SUITE 104  
EUSTIS, FL. 32726

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: MANDY LASKOWSKI

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DIVISION OF REVENUE  
13 FEB 26 AM 11:18

### Article V

The name and address of managing members/managers are:

Title: MGRM  
CHARLES LASKOWSKI  
204 LORI CT.  
UMATILLA, FL. 32784

Title: MGRM  
MANDY LASKOWSKI  
204 LORI CT.  
UMATILLA, FL. 32784

L13000026885  
FILED 8:00 AM  
February 21, 2013  
Sec. Of State  
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### Article VI

The effective date for this Limited Liability Company shall be:

03/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: MANDY LASKOWSKI

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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 26 AM 11:18