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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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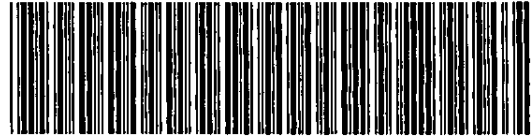
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Societe Cancale, 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:

Roark R. Monahan CPA

Name of Person

Monahan-Mijares CPA, PA

Firm/Company

2519 Galiano Street, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@mma.com.ve

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roark R. Monahan at (305) 407-1440

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

CR2E062 (08/05)

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ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Societe Cancale, 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:

Article IV -. MGRM - Societe Cancale, S.A. 2519 Galiano St., Ste 703. Coral Gables, FL 33134.

The company is a Manager Managed LLC with 3 Managers

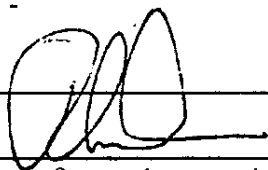
Article IV -. MGR- Maria Mercedes Mancini, 2519 Galiano St., Ste 703. Coral Gables, FL 33134.

MGR- Laura Mancini de Campbell, 2519 Galiano St., Ste 703. Coral Gables, FL 33134.

MGR- Mary Maya de Mancini. 2519 Galiano St., Ste 703. Coral Gables, FL 33134.

OR

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

Dated: April 18  2013

Signature of a member or authorized representative of a member

Roark R. Monahan, CPA.

Typed or printed name of signee

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Societe Cancale LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2519 Galiano Street, Suite 703
Coral Gables, FL 33134**Mailing Address:**2519 Galiano Street, Suite 703
Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

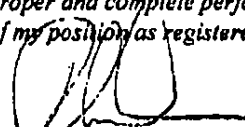
Roark R. Monahan, CPA.

Name

2519 Galiano Street, Suite 703Florida street address (P.O. Box **NOT** acceptable)Coral Gables, FL 33134

City, State, and Zip

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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13 APR 11 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Societe Cancale S.A.

2519 Galliano Street, Suite 703

Coral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Roark R Monahan

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)