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COVER LETTER

Division of Corporations		
SUBJECT: Salonioque L.L.	C.	
Name of Limited Liability C		
Dear Sir or Madam:		
The enclosed Articles of Correction and fee(s) are submitted for filing	<u>g</u> .	
Please return all correspondence concerning this matter to the follow	ing:	
Daniel L. Cucchiara Name of Person		
Salonique LLC. () Firm Company		
6881 Kingspinte PKWay, Ste 7		
Crlando, FL 32819 City State and Zip Code		
City State and Zip Code		<u> </u>
d Cucchiara @ Salonique. Com E-mail address: (to be used for future ambial report notification		用3 456 26
For further information concerning this matter, please call:		PK 3: 0
Daniel Cucchiara 31 407	<u>-) 601-3901 XXXX</u>)7
Name of Person Area C	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:		
S30 Filing Fee & S55 Filing Fee & Certificate of Status Certified Copy	© S60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (4/13)

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: Salonique L.L.C.		
SECOND	O .		
(CHEC	K THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE ST	ATEME:	NT
	ntains an incorrect statement. The incorrect statement, the reason the statement are as follows: Typo in Company name that was Submitted (
	Incorrect Name: SALONIOQUE L.L.C.		
	Correct Name: SALONIQUE L.L.C.		
	Document Number: L13000118298		
	as defectively signed. The manner in which the document was defectively appropriate correction are as follows:	y signed a	
Million of the second		<u> </u>	海62
Dated:	August 22 , 2013 . Signature of a member or authorized representative of a member	SECTION STATE	6 PM 3: 07
	Daniel L. Cucchiara Typed or printed name of signee		
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)		

Electronic Articles of Organization For Florida Limited Liability Company

L13000118298 FILED 8:00 AM August 21, 2013 Sec. Of State thampton

Article 1

The name of the Limited Liability Company is: SALONIOQUE L.L.C.

Article II

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

6881 KINGSPOINTE PARKWAY SUITE 7 ORLANDO, FL. US 32819

The mailing address of the Limited Liability Company is:

6881 KINGSPOINTE PARKWAY SUITE 7 ORLANDO, FL. US 32819

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:

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAIIATCHEE, FL. 33470

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: JANICE NULL ON BEHALF OF INCORP SERVICES

Article V

The name and address of managing members/managers are:

Title: MGRM DANIEL L CUCCHIARA 6881 KINGSPOINTE PARKWAY, STE 7 ORLANDO, FL. 32819

Title: MGRM BURNICE L CUCCHIARA 6881 KINGSPOINTE PARKWAY, STE 7 ORLANDO, FL. 32819 L13000118298 FILED 8:00 AM August 21, 2013 Sec. Of State thampton

Article VI

The effective date for this Limited Liability Company shall be:

09/01/2013

Signature of member or an authorized representative of a member

Electronic Signature: DANIEL L. CUCCHIARA

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.

Certificate of Status

I certify from the records of this office that SALONIOQUE L.L.C., is a limited liability company organized under the laws of the State of Florida, filed electronically on August 21, 2013, effective September 01, 2013.

The document number of this company is L13000118298.

I furthe: certify that said company has paid all fees due this office through December 31, 2013, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 130821142751-000250925030#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty First day of August, 2013



Ken Meizner Secretary of State