



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MBC NETWORK LLC

*Name of Limited Liability Company*

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manoela Corradi

*Name of Person*

MBC NETWORK LLC

*Firm/Company*

16850 Collins Ave. suite# 112-644

*Address*

Sunny Isles Florida 33160

*City/State and Zip Code*

mauricio@nuagelabs.com

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

For further information concerning this matter, please call:

Manoela Corradi

*Name of Person*

at ( 786 )

*Area Code*

800-8558

*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 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: MBC NETWORK LLC

**SECOND:** The Florida Document number of the limited liability company is: M14000006546

**THIRD:** Document to be corrected is:  
Articles of Organization/

**(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:

The wrong company was used as the Authorized Manager

Global Vapor Holdings LLC 12864 Biscayne Blvd #438 North Miami Beach FL

The Correct company as the Authorized Manager:

SP Capital Financial LLC, 444 Brickell Ave Suite 51 Miami Florida 33131

**OR**

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

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

**OR**

The electronic transmission of the record was defective.

Marcos Comeda  
Signature of Authorized Representative

09-26-2014

Date

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

FILED  
2014 OCT -2 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA